

A Process and Site-Specific Outcome Evaluation of Maine's Juvenile Drug Treatment Court Programs

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EXECUTIVE SUMMARY

By

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Juvenile drug courts are special courts given the responsibility to handle cases involving moderate to high-risk, juvenile offenders with documented substance abuse histories. The juvenile drug court represents the coordinated efforts of judges, lawyers, treatment professionals and a variety of local, private and public sector agencies to address the complex problems associated with adolescent substance abuse.

Maine is one of the pioneer states to have implemented a statewide drug court program for both adult and juvenile offenders. In 1999, Maine's legislature authorized the use of funds to implement a statewide juvenile drug treatment court program. Six District Court Judges are assigned to six juvenile drug courts in York, Cumberland, Androscoggin, Kennebec, Penobscot and Sagadahoc counties. As of September 1, 2005, a total of 396 adolescents have been admitted into these programs, 142 have successfully completed the program and graduated, 193 were expelled and 61 are still currently active.

Evaluation results indicate that Maine's juvenile drug courts have generated positive outcomes for its participants and the courts, themselves fare well as measured against the best practices and performance measures outlined in *The Ten Key Components*. The following presents a summary of the major findings presented in the report:

Assessment of Productivity

- The number of new admissions to the juvenile drug courts in Maine has risen significantly during the most recent reporting period, from 65 admissions in 2003-2004 to 84 participants in 2004-2005 – an increase of nearly 30%.
- Overall graduation rates for Maine's juvenile drug court programs (42%) compare favorably with and exceed national estimates for other juvenile drug court programs (29%).

Process Measures

- The overall analysis of rewards and sanctions for Maine's juvenile drug courts reveal that promising practices are in place with respect to the ratio of rewards to sanctions, their timing, frequency as well as their intensity.
- There has been a dramatic increase in both the number and variety of key actors now in attendance at pre-court meetings and juvenile drug court status hearings with much greater participation from probation, treatment, prosecution and defense counsel.
- The average length of time from initial referral to admission has decreased from 47 days to 45 days overall. Currently, 43% of all participants were processed within the targeted goal of 30 days, which represents an increase of 37% from the previous year.

- Juvenile drug court participants reflect the program's intended target population with 93% of all participants screening for both a moderate to high risk for criminal recidivism as well as having demonstrated a substantial substance abuse problem.
- Some drug court locations have strayed with respect to the guidelines surrounding phase advancement criteria as outlined in the policy and procedures manual.
- With the exception of two sites, there has been an overall shift away from group therapy to individual counseling as the primary substance abuse treatment modality for juvenile drug court participants.
- Currently, each participant is contacted, on average, 2 times per week by case management services and 73% of these contacts are conducted in person. Of these face to face contacts, approximately 1 out of every 10 are conducted at the participants' home.

Intermediate Outcome Measures

- Before entering the drug court program, 72% of participants reported drug/alcohol use exceeding 2-3 times per week. After entering the drug court program, 34% of participants had not one positive test during their participation in the program.
- Many participants became gainfully employed or returned to school as result of their participation in the program. The percent of participants who were both working and attending school prior to entering the drug court program (11%) increased to 56% after entering the juvenile drug court.
- The majority of juvenile drug court participants (58%) have been able to access an array of ancillary services (e.g.: academic assistance, crisis intervention services, health care, mental health counseling, employment, etc.) and more than a third (35%) have received assistance from two or more services.

Post-Program Outcome Measures

- Fewer drug court participants recidivated during a 12 month post-program follow-up than a matched control group of juvenile offenders traditionally adjudicated with juvenile drug court graduates being the least likely to re-offend overall.
- Juvenile drug court participants were less likely than a matched control group to be arrested for alcohol or drug related offenses.
- The total annualized operational costs for processing 219 juvenile drug court participants over the costs of processing a matched sample of juvenile offenders under traditional probationary supervision is estimated to have saved a net total of \$41,189.00 in criminal justice related expenditures. These savings were derived from reduced detention/jail costs, reduced costs for criminal case processing and an overall savings in crime reduction.

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Part I – Process Evaluation

Introduction

This report is the first of a two-part series that provides a processual and intermediate outcome assessment for Maine’s juvenile drug court programs¹. This report (Part I) is dedicated to an ongoing description and examination of the core functional and operational components of Maine’s juvenile drug courts. Here, we utilize, as measurements, the performance benchmarks outlined in *The Ten Key Components*, which guide the best practices, designs, and operations of drug court programs nationally². Specifically, the report will provide longitudinal, cross-site information pertaining to a variety of process measures, including an assessment of the program’s target population, admissions related procedures, drug testing practices, use of sanctions and incentives, case management supervision, substance abuse treatment participation and ancillary service utilization. The report also provides results from a series of structured observations that were conducted to document the overall organization and content of court operations at each of the six sites. In addition, this report presents findings across a variety of intermediate outcome measures documenting changes in employment, educational/vocational participation as well as abstinence from drug and alcohol use.

The quantitative portion of the assessment consists of an overview of program activities for 152 juvenile drug court participants over two time frames. The overall study compares two cohorts of participants: eighty-four (84) juvenile offenders who were admitted to the drug court between September 1, 2004 and August 31, 2005 and sixty-eight (68) juveniles who were admitted between September 1, 2003 and August 31, 2004. The qualitative portion of the assessment consists of a series of structured observations of each of the six juvenile drug court programs occurring between May and October, 2005. In all, a total of thirty site visits were conducted over this time period with each site having been visited five times in all.

What is a Juvenile Drug Court?

A juvenile drug court is a special court given the responsibility to handle cases involving moderate to high-risk, juvenile offenders with documented substance abuse histories. The juvenile drug court represents the coordinated efforts of judges, lawyers, treatment professionals and a variety of local, private and public sector agencies to address the complex problems associated with adolescent substance abuse. Through comprehensive supervision, drug testing, integrated substance abuse treatment services and weekly court appearances before a designated program judge, the juvenile drug court attempts to motivate juvenile offenders to engage and participate in a program of behavioral change. In addition, the juvenile drug court attempts to ensure consistency in judicial decision-making and to enhance the coordination of agencies and resources, thereby increasing the cost effectiveness of these programs³. Typically designed to take approximately 12 months to complete successfully, the juvenile drug court promises to reduce juvenile crime by decreasing adolescent substance abuse.

¹ A more complete analysis of site-specific recidivism outcomes will be provided in the second part of this report.

² Although originally developed as a guide for adult drug court programs, the Ten Key Components have shown to be useful in the development of juvenile drug court programs despite differences in legal, social, educational, and treatment issues (Defining Drug Courts: The Key Components. NADCP, 1997).

³ National Drug Court Institute. “Facts on Drug Courts.” www.ndci.org

How Did Juvenile Drug Courts Emerge?

The emergence of juvenile drug court programs came about largely due to the success and popularity of their adult drug court counterparts, which expanded considerably throughout the United States during the 1990's. Faced with the combination of increasing dockets involving adolescent substance abuse, lengthy treatment waiting lists, fragmented service delivery systems negative influences of peers, gangs, and lack of family involvement, juvenile court judges began to utilize the successful approach of the adult drug court model and apply those practices to their juvenile delinquency caseload.

While the first juvenile drug court program originated in Key West, Florida in 1993, the real growth and expansion of juvenile drug court programs did not begin until the late 1990's. Nationally, there are over 340 juvenile drug courts in operation or in various stages of planning and, to date, more than 4,500 adolescents have successfully completed these programs and graduated (Cooper, 2003).

Nationally, Maine is considered a pioneer state in the juvenile drug court movement. In 1999, Maine's legislature authorized the use of funds to introduce a statewide juvenile drug court program so as to: *"Establish, maintain, and manage a drug court program for high risk juveniles in the correctional system who have significant substance abuse problems"*. During that same year, a Statewide Juvenile Drug Court Steering Committee was formed to develop and implement the new program. Five district court judges were assigned to meet with other state and local officials to develop various components of the program including: designing a uniform program for all drug court participants; designing the drug court treatment program and protocols for compliance; designing courtroom procedures; and developing a training program for the judiciary as well as a handbook describing the program for drug court participants. By November 1999, the Steering Committee issued its Mission Statement:

"To improve the quality of juvenile justice in Maine through timely and effective substance abuse, social service and juvenile justice intervention."

According to the Mission Statement, the goals of Maine's new juvenile drug court program are to: 1) improve public safety; 2) increase the juveniles accountability, particularly in relation to victims and the community; 3) build a better family unit; 4) increase collaboration among the juvenile justice system, substance abuse providers, educational systems and ancillary services; and, 5) have juveniles become responsible community members.

Currently, Maine has six juvenile drug courts operating in seven counties that serve a combined population of 883,410 people – or approximately 70% of the state's population. The Honorable Ann Murray presides over the Bangor juvenile drug court in Penobscot County (pop. 144, 919). The Honorable Christine Foster presides over the Biddeford juvenile drug court in York County (pop. 186,742) and the Honorable Joseph Field presides over the West Bath juvenile drug court serving both Sagadahoc (pop. 35,214) and Lincoln Counties (pop. 30,016). The Honorable Charles LaVerdiere presides over the Augusta juvenile drug court in Kennebec County (pop. 117,114) and the Honorable Paul Cote presides over the Lewiston juvenile drug court located in Androscoggin County (pop. 103,793). The Honorable Keith Powers presides over the Portland juvenile drug court located in Cumberland County (pop. 265,612) and he also serves as Chair of the State-wide Juvenile Drug Court Steering Committee.

Assessment of Productivity

Since implementation in January 2000, a total of 396 adolescents have been admitted to one of Maine's juvenile drug courts (Refer to Table 1). Of these, 142 adolescents successfully completed the program and graduated, 193 were expelled and as of September 1, 2005, 61 adolescents remained active in the program. Historically, the number of admissions to these programs has remained relatively stable over time averaging 65 new enrollments each year. However, the number of new enrollments to these programs has risen significantly during the most recent reporting period rising from 65 admissions in 2003-2004 to 84 in 2004-2005 – an increase of nearly 30%. Referring to Table 1, this rise is largely attributable to the increase in new admissions at both the Bangor and Augusta juvenile drug court programs in the last year.

One important measure used to assess the success of juvenile drug courts is the rate of program completion, or graduation. As shown in Table 1, overall graduation rates for Maine's juvenile drug courts (42%) compare favorably with graduation rates of juvenile drug courts nationally (29%). Indeed, each of Maine's six juvenile drug courts have graduation rates that exceed national estimates ranging from a low of 32% in Augusta and Lewiston to a high of 55% in Biddeford⁴.

Table 1: Comparison of the Productivity of Maine's Juvenile Drug Courts

	<i>Juvenile Drug Treatment Court Sites</i>						
	<i>Augusta</i>	<i>Bangor</i>	<i>Biddeford</i>	<i>Lewiston</i>	<i>Portland</i>	<i>West Bath</i>	<i>Total</i>
2000 Admissions	10	11	13	-	14	15	66
2001 New Admissions	9	14	12	-	15	14	64
2002 New Admissions	12	10	10	7	16	13	68
2003 New Admissions	11	7	9	8	8	9	52
2004 New Admissions	8	11	12	14	14	5	65
2005 Admissions as of September	15	17	11	14	14	13	84
Total Enrollments	65	70	67	43	82	69	396
Discharged- Expelled	36	40	26	23	38	30	193
Discharged- Graduated	17	20	32	11	32	30	142
Currently Active	12	10	9	9	12	9	61
Phase 1	6	3	0	4	8	4	25
Phase 2	5	3	7	3	2	3	23
Phase 3	1	4	1	0	2	1	9
Phase 4	-	-	1	2	-	1	4
Overall Graduation Rate	32%	33%	55%	32%	46%	50%	42%
National Estimate							29%

⁴ During an initial period of program implementation where insufficient time has elapsed for many participants to have the opportunity to successfully complete these programs, drug courts will often report retention rates as opposed to program completion, or graduation rates. Retention rates are calculated in the following manner ((Active participants + Program Graduates) / Total Enrollments). Unless a program continually expands its capacity to accommodate an increasing number of active participants, retention rates will logically exceed but more closely approximate a program's true completion rate over time. Since Maine's juvenile drug court programs have an arbitrary cap of 15 active participants at any one time, special consideration ought to be given to the completion rate reported for the Lewiston juvenile drug court (32%) which has not had the benefit of longevity (implemented in 2002) that has been afforded the other five juvenile drug court sites which became operational in early 2000.

Processing Offenders: Enrolling Participants

According to the Policy and Procedures Manual, the target population for Maine's juvenile drug court program are adolescent offenders who demonstrate both (1) a medium to high risk of criminal recidivism and a substantial substance abuse problem and, (2) an ability to participate in treatment for substance abuse with a parent or other important adult figure. Potential participants are referred by the juvenile drug court judge for a screening to determine initial program eligibility⁵. Juvenile offenders may be recommended to the juvenile drug court by a variety of sources including the district attorney, juvenile community corrections officers, defense counsel, school officials, or any other interested persons. While potential participants may be referred by a variety of agencies or persons, the majority of referrals to the juvenile drug courts come from Juvenile Community Corrections Officers (83%).

Table 2 presents information concerning the screening results for adolescents participating in Maine's juvenile drug court program during the most recent 2004-2005 reporting period. Referring to Table 2, approximately 93% of all participants screened at both a moderate to high risk for criminal recidivism as well as having demonstrated a substantial substance abuse problem. Hence, it is clearly evident that juvenile drug court participants do indeed reflect the program's intended target population.

Table 2: Juvenile Drug Court Participant Screening Results

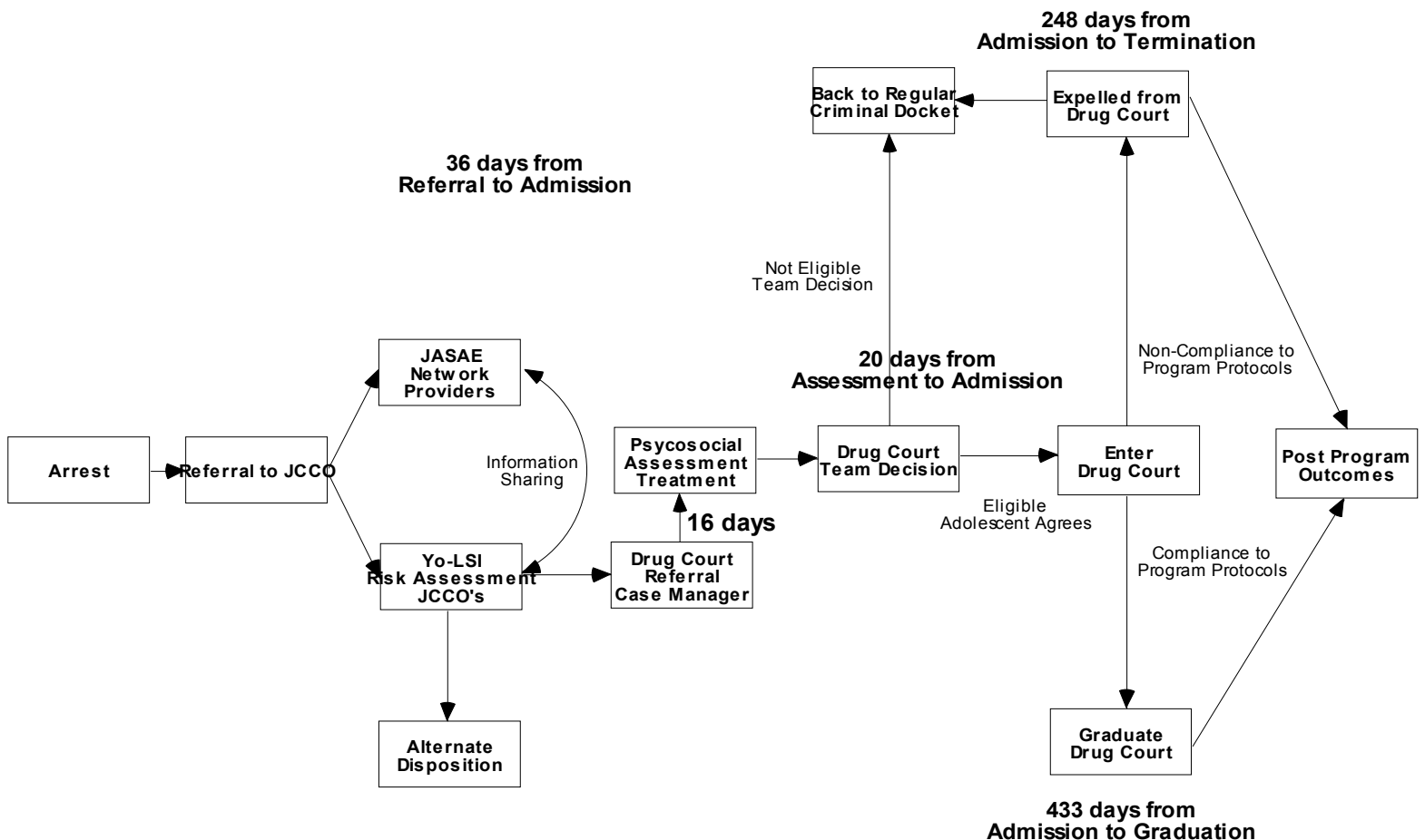
		<i>Juvenile Drug Treatment Court Sites</i>						
		<i>Augusta</i>	<i>Bangor</i>	<i>Biddeford</i>	<i>Lewiston</i>	<i>Portland</i>	<i>West Bath</i>	<i>Total</i>
Yo-LSI Risk	N	15	17	11	14	14	13	84
	High	13%	23%	64%	43%	71%	46%	42%
	Moderate	87%	77%	36%	50%	29%	54%	57%
	Low	-	-	-	7%	-	-	1%
JASAE Drug Score	One or Two	9%	13%	11%	10%	-	-	9%
	Three or Four	73%	13%	22%	30%	20%	67%	32%
	Five	18%	74%	67%	60%	80%	33%	59%
JASAE Alcohol Score	One or Two	37%	25%	12%	30%	-	-	20%
	Three or Four	54%	56%	44%	30%	60%	33%	49%
	Five	9%	19%	44%	40%	40%	67%	31%
Yo-LSI Risk Moderate to High and JASAE Drug or Alcohol Score 3,4 or 5		91%	94%	100%	80%	100%	100%	93%

If initial screening eligibility requirements are met, potential participants are then referred to a treatment provider for a comprehensive clinical assessment where additional factors are taken into consideration including: extent of drug or alcohol abuse, mental health history, family and social relationships, medical/health care history, housing status, educational performance and psychological functioning.

⁵ Maine employs the JASAE and Yo-LSI risk assessments. The Youthful Offender Level of Service Inventory (Yo-LSI) is a screening tool used by JCCO's to measure risk of re-offending. The JASAE (Juvenile Automated Substance Abuse Evaluation) is a screening tool to determine substance abuse severity.

When the clinical assessment is completed, the drug court team reviews the entire case file to decide whether or not to admit the adolescent to the program. (This processing information is graphically presented in Figure 1.) A juvenile may only be accepted into the program by order of the court, after the juvenile's admission to a juvenile petition or motion to revoke probation. The juvenile must be represented by legal counsel at this hearing and must have the consent of his or her parent or legal guardian to participate. Upon admission, the juvenile is informed of the conditions and requirements of participation in the program, including conditions of release. The drug court case manager provides a written schedule of court sessions and the substance abuse treatment regimen⁶. At this point the participant enters the initial phase of the drug court program.

Figure 1. Flow Chart of Maine's Juvenile Drug Court Program from Referral to Discharge



As shown in Figure 1 (above) and Table 3 (below), this entire process – the length of time between initial referral to final admission – takes approximately 36 days (median), which remains unchanged from the previous year. According to the Ten Key Components of Drug Courts, *The Third Key Component* requires the early identification and prompt placement of participants into the drug court program. Since there is no definitive standard, local drug court team members agreed that a reasonable goal for the admission of new clients would be 30 days

⁶ Juveniles not admitted to the drug court program are returned to court for traditional adjudication.

from the point of initial referral. Referring to Table 3, 43% of all participants admitted to the drug court program during the 2004-2005 reporting period were processed within this 30-day time frame – up from 37% from the previous year. Indeed, with the exception of Lewiston and Augusta, the remaining four sites made improvements in the percent of clients admitted to the program within this 30-day time frame. Most notable is the Bangor site where the length of the admissions process has been cut nearly in half (71% of participants enrolled within the 30 day time frame during 2004-2005 up from 36% from the previous year).

Table 3: Amount of Time Between Initial Referral and Admission (days)

		<i>Juvenile Drug Treatment Court Sites</i>						
		<i>Augusta</i>	<i>Bangor</i>	<i>Biddeford</i>	<i>Lewiston</i>	<i>Portland</i>	<i>West Bath</i>	<i>Total</i>
Length of Time from Referral to Admission 2004-2005	Mean	46.4	26.5	66.3	46.0	51.1	42.2	45.1
	Median	48.0	21.0	30.0	50.5	40.0	35.0	36.0
	Range	24-84	8-49	11-205	1-94	10-113	1-91	1-205
	N	15	17	11	14	14	13	84
% Meeting 30 Day Standard		20%	71%	55%	29%	36%	46%	43%
2003-2004	Mean	48.4	48.5	48.8	43.3	48.4	35.0	46.8
	Median	36.0	35.0	35.0	39.0	39.0	35.0	36.0
	Range	10-167	14-84	26-83	7-94	30-126	28-42	7-167
	N	10	11	12	14	16	5	68
% Meeting 30 Day Standard		40%	36%	44%	50%	20%	33%	37%

Program Requirements and Phases

Maine's juvenile drug court attempts to integrate court operations and treatment progress through a step-down phased system. Each phase specifies a system of care and supervision that combines substance abuse treatment with routine court appearances, case management and probationary supervision. According to Maine's Juvenile Drug Court Policy and Procedures Manual, the program has four phases that are designed to take approximately fifty-two weeks to successfully complete. During each phase, there are distinct treatment goals and specified minimum time periods for completion. Participants are required to attend treatment sessions for a specified period of time each week as well as meet with their drug court case manager. In addition, participants are required to have a specified number of consecutive weeks of clean alcohol and drug tests, and to have no unexcused absences from treatment or court sessions before advancing from one phase to the next.

The first phase is dedicated to assessment and planning and is designed to last approximately eight weeks. The second phase is approximately twenty weeks in duration and is designed to build support and teach participants new skills. Advancement to the second phase of the program requires a minimum of three consecutive weeks of clean alcohol and drug tests; no unexcused absences from treatment sessions for five weeks; no unexcused absences from court sessions; and documentation of a safety plan outlining tools the participant will use to avoid high

risk situations in terms of both substance abuse and criminality. The third phase is twelve weeks in length and is intended to strengthen skills and solidify supports. Advancement to Phase 3 requires four consecutive weeks of negative alcohol and drug tests, no unexcused absences from court sessions or from scheduled services, achieving objectives of the service plan, acceptable attendance/progress in an educational/vocational plan, documentation of a transition plan, and reparation of all imposed sanctions. The fourth and final phase is a monitoring phase lasting approximately ten weeks in duration. In addition to the requirement of no unexcused absences from scheduled services or court sessions, advancement to the fourth and final phase of the program requires five consecutive weeks of clean alcohol tests and documentation of a relapse prevention plan. Participants are eligible for graduation from the program upon successful completion of the requirements outlined in Phase 4.

While the juvenile drug court policy and procedures manual outlines a clearly defined set of expectations and requirements for phase advancement, some drug court locations have either chosen to ignore some of these guidelines, adopted other requirements in addition to, or in replacement of those outlined in the manual. For example:

Augusta – Phase promotion is based upon a “star” system wherein a participant receives a star for a good week. A participant who has met the established minimum time requirements specified in the Policy and Procedure’s Manual and who has accumulated 8 consecutive stars is eligible for promotion to the next phase of the program. Participants are allowed to attend court on a bi-weekly basis during the last two phases of the program.

Bangor – In order to advance to the second phase of the drug court program, participants must successfully complete a dedicated treatment regimen, the Focus Program. In order to successfully complete the Focus Program, participants must be either employed or engaged in some type of educational/vocational program. Subsequent phase advancements are based upon minimum established time requirements and team consensus. Participants are allowed to attend court on a bi-weekly basis during the last two phases of the program.

Biddeford – Phase advancement criteria closely adheres to the guidelines set forth in the Policy and Procedures Manual. However, participants must submit a written request to the Court before a decision about phase advancement can be made by the team. Written safety and service plans are required to be approved by the Court. Participants are allowed to attend court on a bi-weekly basis during the last two phases of the program.

Lewiston – Phase advancements are based upon minimum established time requirements and team consensus. Written safety and service plans are required to be completed but not necessarily reviewed by the Court. Reduced court appearances are generally allowed in the last phase of the program but handled on a case-by-case basis.

Portland – Phase advancement is based upon unspecified time requirements and team consensus. Reduced court appearances are generally allowed in the latter phases of the program but handled on a case-by-case basis.

West Bath – Phase advancements are based upon minimum established time requirements and team consensus. Participants in the third phase of the program are allowed to attend court on a bi-weekly basis and on a monthly basis during the fourth and final phase.

Pre-Court Meetings

The first *key component* of drug courts is to integrate alcohol and other drug treatment services with justice system case processing. In this way, drug courts try to promote treatment goals through a coordinated response to offenders with substance abuse issues. A pre-court meeting is held at each site immediately prior to the drug court status hearing. This meeting provides an opportunity for the judge to meet with JCCO's, treatment providers, the case manager and other members of the "drug court team" to discuss the progress of each participant and determine what kinds of responses will be asserted for compliant and non-compliant behavior during the drug court status hearing.

Referring to Table 4, while the average pre-court meeting lasts just over an hour in duration, there is significant variation across juvenile drug court programs. For example, in the Bangor juvenile drug court, the average pre-court meeting lasts 48 minutes, in contrast to the Biddeford juvenile drug court where the typical pre-court meeting is 88 minutes in duration. It was observed across programs that the majority of pre-court session time is dedicated to "challenging" cases or cases in which the imposition of a sanction was likely. Referring to Table 4, it was observed that the discussion surrounding one "challenging" case can take as long as 26 minutes of the total time of the pre-court session. Use of or emphasis upon a graduated sanctions protocol was observed at three of the six sites (Augusta, Biddeford and Lewiston) and only at one site (Biddeford) was the Policy and Procedures Manual utilized as a reference material in practice.

Table 4: Structure and Composition of Maine's Juvenile Drug Court Pre-Court Sessions

	<i>Juvenile Drug Treatment Court Sites</i>					
	<i>Augusta</i>	<i>Bangor</i>	<i>Biddeford</i>	<i>Lewiston</i>	<i>Portland</i>	<i>West Bath</i>
Location of Pre-Court Session	Conference Room	Courtroom	Conference Room	Chambers	Courtroom	Chambers
Duration of Pre-Court (avg. min)	86	48	88	56	69	55
Duration of Pre-Court (range min.)	69-125	39-55	60-104	50-60	40-90	48-67
Number of Cases Discussed (avg.)	9	11	10	8	12	9
Maximum Length of Discussion for One Participant	15	14	26	18	20	22
Number of Key Actors (avg.)	8	10	9	6	19	6
Number of Key Actors (range)	6-10	7-12	8-10	4-8	13-23	4-7
Treatment Present	Y	Y	Y	Y	Y	Y
Prosecutor Present	Y	Y	Y	Y	Y	N
Defense Counsel Present	N	Y	Y	Y	Y	Y
JCCO(s) Present	Y	Y	Y	N	Y	Y
Use of graduated sanctions	Y	N	Y	Y	N	N
Use of Policy and Procedures Manual	N	N	Y	N	N	N

In the March, 2002 evaluation report, the research team reported that pre-court meetings were staffed largely by the judge and case manager with occasional and sporadic attendance by JCCO's, prosecutors and defense counsel, with treatment professionals being the least likely team members to attend overall. During that time, it was not uncommon for some drug court sites to be entirely staffed by just the judge and case manager. As shown in Table 4, there has been a dramatic shift in both the number and variety of key actors now in attendance at pre-court meetings. The number of team members participating in the pre-court session now ranges from a low of 4-7 members in West Bath to a high of 13-23 members in Portland. Representatives from treatment, probation, prosecution and defense were all present in the Bangor, Biddeford and Portland juvenile drug court sites. On the other hand, defense counsel was typically lacking in the Augusta pre-court meeting, JCCO's absent in Lewiston and prosecution not in attendance in West Bath.

With regard to the pre-court meetings, the research team, using a structured observation tool, documented the discussion content of these sessions to better understand the underlying philosophy of these programs in terms of their overall approach towards a program of behavioral management and change. The observational tool consisted of 71 discussion topics, covering a wide variety of subject matters that were found likely to occur during the course of a typical drug court session. The instrument measured the amount of time spent on these various topic areas by recording, in 30 second increments, the amount of time dedicated to each item of discussion. These 71 items were then collapsed into 30 broader categories that are presented in Table 5 for each of the six juvenile drug court programs. (See Appendix A for an examination of data presented for each site as it relates to all others combined.)

Referring to Table 5 (next page), the first row for each item represents the percent of total court time each topic was discussed. The second row for each item represents the full percent range of time each topic was discussed over the course of multiple observations. Figures marked in bold reflect items in which the court spent a minimum of 10% total time discussing.

Referring to Table 5, findings indicate, across sites, a broad range of topic areas discussed during pre-court meetings with the most frequent items (equal to or greater than 10%) concerning participant attitudes/behaviors, sanctions, drug use and parent/guardian issues. Treatment related topics (e.g.: individual, group, IOP, etc.), when combined, also occurred with greater frequency. Other items of interest, such as discussion of residential treatment, occurred more frequently in the Lewiston juvenile drug court and discussion of new referrals and scheduling matters occupied more pre-court time in the Portland juvenile drug court than the other five sites respectively.

The greater amount of time dedicated to the discussion of sanctions is consistent with the observation mentioned above wherein it was observed that the majority of pre-court time was dedicated to "challenging" cases or cases in which the imposition of a sanction was likely. Only in two sites (Biddeford and Augusta) was there a balance between the amount of time dedicated to the discussion of rewards and the discussion of sanctions during their pre-court meetings. The data suggests that this may likely result from two predominant factors: 1) the amount of time the Biddeford and Augusta sites allocate for their pre-court meetings – on average, approximately 30 minutes more overall⁷ and, 2) the use of or emphasis upon some form of graduated sanctions protocol.

⁷ While data presented in Table 5 is calculated as a percent, the amount of time allocated to the pre-court meeting would, in most cases, not be a factor. Here, it is the case that participants who were "doing well" at the other four sites were minimally discussed or, in many cases, skipped over entirely during the pre-court meeting.

Table 5: Comparison of Topic Areas for Maine's Juvenile Drug Court Pre-Court Meetings

Items %Time / Range	Augusta	Bangor	Biddeford	Lewiston	Portland	West Bath
Education	3 2-3	4 1-6	3 2-4	2 1-5	7 2-10	5 3-6
Employment	3 2-4	5 5-6	5 4-6	2 0-3	4 3-6	2 2-2
Financial	1 0-1	1 0-3	1 0-2	-	0 0-1	-
Living Situation	5 4-6	6 6-8	5 1-9	4 2-5	3 3-3	6 4-12
Drug Use	9 9-9	7 6-9	7 6-8	6 5-8	9 7-11	13 9-16
Legal Issues	1 1-2	6 2-9	1 0-3	2 1-4	2 0-6	5 3-7
Rewards	9 4-13	3 2-4	7 6-9	3 3-4	2 0-5	1 0-3
Sanctions	11 8-17	9 3-13	9 6-14	12 4-25	8 7-8	10 7-12
Scheduling/Referrals	2 0-4	-	6 0-18	2 0-5	10 2-24	1 0-3
DHHS	3 1-6	4 2-6	1 0-1	1 0-1	1 0-1	0 0-1
AA/NA	0 0-1	0 0-1	1 1-1	0 0-1	0 0-1	1 0-1
Medical	1 0-1	1 1-1	1 0-2	1 0-2	1 0-1	1 0-2
Mental Health	1 1-1	1 0-2	2 0-5	1 2-7	1 0-2	-
Screening/Assessment	1 1-1	0 0-1	1 1-1	2 1-3	1 1-2	-
Individual	5 2-7	6 5-7	5 4-6	6 5-8	3 3-4	2 1-3
Group	2 1-3	0 0-1	1 0-1	1 0-1	1 0-1	3 1-4
Family	2 1-3	1 0-2	1 0-2	-	1 0-2	-
IOP	3 0-5	3 2-3	3 2-3	0 0-1	-	1 1-3
Residential	2 1-2	2 2-2	4 0-10	10 2-16	6 3-10	4 0-7
Shelter/Halfway House	-	2 2-3	3 0-10	-	4 1-8	-
Continuing Care	0 0-1	1 1-1	0 0-1	1 0-1	2 1-2	1 0-1
Ancillary Services	3 3-4	1 0-1	2 0-6	1 1-1	2 0-5	1 0-1
In-home Support	2 0-6	1 1-1	1 0-2	0 0-1	-	-
Attitude/Behaviors	13 10-15	15 12-20	12 10-15	12 6-21	11 6-15	18 18-19
Motivation	1 0-2	1 0-3	2 0-4	3 2-3	2 1-3	2 0-4
Peer Relationships	1 0-3	5 4-7	4 1-6	2 1-4	4 2-7	9 6-12
Parent/Guardian Issues	13 10-14	8 7-8	5 3-7	11 6-14	7 6-9	7 6-8
Other Relationships	2 1-3	3 2-5	4 1-8	7 2-11	3 0-6	3 0-6
Domestic Violence	1 0-2	2 0-5	1 1-2	2 1-3	1 0-2	1 0-2
Extracurricular	2 2-2	2 1-3	3 3-4	2 1-2	4 2-5	4 3-5

Status Hearings

The status hearing provides the judge an opportunity to assess the progress of each drug court participant with their families as well as others participating in the program. Hearings are typically held on a weekly basis but can be scheduled less frequently depending on the phase or program (see Phase Requirements above). Frequent status hearings are deemed important because for many participants, the judge is the only real constant that can provide both the structure and support that would otherwise be absent in their lives. During the status hearing, the judge typically engages in a brief review of the participant's progress since the last drug court session. Here, the judge will usually discuss the participant's overall attitude, drug test results, progress in treatment, school or work, behavior at home (including adherence to curfews), peer relationships, etc. During the hearing, the judge draws attention to accomplishments or poor performance, administers sanctions where appropriate, offers encouragement as well as incentives - all in an atmosphere typically referred to "drug court theater".

In addition to observing pre-court meetings at each site, the research team also observed each juvenile drug court status hearing. Findings indicate that while each drug court program is unique, has its own style and differs in its approach, there are some underlying elements common to most. Structural similarities and differences among the six drug courts are reviewed in Table 6 and Table 6a (below).

Overall, status hearings averaged 57 minutes in duration and ranged between 25 and 115 minutes in length depending on the drug court location. For example, the average length of a drug court status hearing ranged from a low of 38 minutes in Augusta to a high of 71 minutes in Portland. Similar to the pre-court meetings, there has also been a dramatic shift in both the number and variety of key actors now in attendance at drug court status hearings. Representatives from treatment, probation, prosecution and defense were consistently present in both the Biddeford and Portland juvenile drug court status hearings and have played a much more visible role with respect to the other four sites since our last observation in 2002.

Table 6: Structure and Composition of Maine's Juvenile Drug Court Status Hearings

	<i>Juvenile Drug Treatment Court Sites</i>					
	<i>Augusta</i>	<i>Bangor</i>	<i>Biddeford</i>	<i>Lewiston</i>	<i>Portland</i>	<i>West Bath</i>
Duration of Drug Court (avg. min)	38	66	52	54	71	55
Duration of Drug Court (range min.)	25-50	53-80	40-65	40-70	43-115	33-85
Number of Cases Discussed (avg.)	9	11	9	8	12	10
Maximum Length of Discussion for One Participant (min.)	7	15	7	14	10	20
Number of Key Actors (avg.)	5	6	8	6	12	6
Number of Key Actors (range)	4-6	4-8	6-10	4-7	8-14	6-7
Number of Support Persons (avg.)	9	14	10	9	13	8
Number of Support Persons (range)	7-11	12-15	9-11	5-11	9-16	4-11
Treatment Present	Y	N	Y	Y	Y	Y
Prosecutor Present	Y	Y	Y	Y	Y	N
Defense Counsel Present	N	Y	Y	Y	Y	Y
JCCO(s) Present	Y	Y	Y	N	Y	Y

Table 6a: Structure and Composition of Maine's Juvenile Drug Court Status Hearings

	<i>Juvenile Drug Treatment Court Sites</i>					
	<i>Augusta</i>	<i>Bangor</i>	<i>Biddeford</i>	<i>Lewiston</i>	<i>Portland</i>	<i>West Bath</i>
Judge/Participant Dialogue	At Bench	Podium w/ Support Person	At Bench	Podium	At Bench	At Bench w/ Support Person
Physical Contact (e.g.: handshake)	Y	N	N	w/ Phase Promotion	At Graduation	Y
Remain Throughout Session	Y	Y	Y	Y	Y	N
Comments from Team	Consistent	Occasional	Consistent	Occasional	Occasional	Consistent
Comments from Family	Occasional	Consistent	Consistent	Consistent	Consistent	Occasional

Using the same structured observation tool mentioned above, the research team also documented the discussion content of status hearings for each of the six juvenile drug court programs (see Table 7, next page). Unlike the broad range of discussion topics observed during pre-court meetings, findings indicate that discussion topics among drug court status hearings are more narrowly defined, with greater variation across sites. For example, there was only one item observed, attitudes/behaviors, that was equal to or greater than 10% of the total court time across all sites. Other items, such as parent/guardian issues, occurred with greater frequency at four of the six sites but were less frequently observed in Augusta and Portland. Treatment related topics (e.g.: individual, group, IOP, etc.), when combined, also exceeded 10% of the total court time for five of the six sites but was rarely observed in the Portland juvenile drug court. Discussion of sanctions and drug use were also common among most sites, although occurring less frequently in the Bangor juvenile drug court. Discussion of rewards was emphasized more in Augusta, Biddeford, and Lewiston and education and employment related items were discussed regularly at five of the six sites with the exception being the Lewiston juvenile drug court. Lastly, participants' living situation was discussed with more frequency in Bangor and Biddeford, and Lewiston and West Bath tended to emphasize participant extracurricular activities during the status hearing than each of the other four sites respectively. (See Appendix A for an examination of data presented for each site as it relates to all others combined.)

Table 7: Comparison of Topic Areas for Maine's Juvenile Drug Court Status Hearings

Items / % Court Time	Augusta	Bangor	Biddeford	Lewiston	Portland	West Bath
Education	8 6-14	18 6-24	16 2-25	2 0-4	7 5-9	14 5-31
Employment	7 3-11	19 16-22	13 9-17	2 1-4	9 6-11	6 3-12
Financial	-	3 2-5	-	-	0 0-1	1 0-2
Living Situation	5 1-8	15 10-23	14 4-19	6 3-8	5 3-7	5 4-7
Drug Use	10 8-11	7 3-14	23 14-28	12 9-13	10 8-12	23 10-31
Legal Issues	4 0-8	6 0-9	1 0-3	5 0-13	1 0-4	6 2-15
Rewards	18 16-19	4 0-6	21 13-33	20 4-46	8 6-13	2 0-3
Sanctions	11 0-23	3 2-5	18 14-22	14 1-37	10 7-13	18 6-27
Scheduling	6 2-9	5 0-15	2 0-5	4 2-8	3 0-7	2 0-6
DHHS	-	1 0-4	1 0-2	1 0-3	1 0-1	1 0-4
AA/NA	-	-	1 0-3	-	1 0-2	2 0-3
Medical	-	5 0-8	-	4 0-7	1 1-2	1 0-2
Mental Health	-	-	-	-	-	-
Screening/Assessment	1 0-2	1 0-1	0 0-1	-	1 0-1	-
Individual	7 4-9	5 5-5	13 7-19	10 2-21	1 0-3	3 1-6
Group	6 1-14	1 0-1	2 0-5	-	-	5 1-8
Family	1 0-2	1 0-2	-	0 0-1	1 0-4	1 0-2
IOP	1 0-4	5 5-5	8 3-14	4 0-12	1 0-2	2 0-4
Residential	1 0-3	6 5-8	4 2-7	2 0-3	3 1-5	10 1-15
Shelter/Halfway House	-	0 0-1	1 0-3	-	9 0-17	-
Continuing Care	1 0-1	6 5-6	-	3 0-8	1 0-1	-
Ancillary Services	2 1-2	3 1-4	3 0-8	2 2-3	3 1-5	3 1-5
In-home Support	-	-	4 0-11	-	-	1 0-2
Attitude/Behaviors	17 3-27	28 17-35	14 5-28	14 1-17	23 16-27	24 17-38
Motivation	1 0-2	-	1 0-2	-	2 1-3	1 1-2
Peer Relationships	1 0-1	8 5-13	4 0-8	8 7-10	3 2-5	14 13-17
Parent/Guardian Issues	8 7-9	16 10-19	17 13-25	17 8-26	7 6-8	12 8-15
Other Relationships	1 0-2	2 0-4	2 0-4	3 0-6	5 4-7	7 0-17
Domestic Violence	-	2 0-4	1 0-3	0 0-1	-	3 0-5
Extracurricular	3 2-4	5 3-7	5 2-11	14 9-17	7 3-11	11 6-19

Description of Program Participants

A total 84 juveniles were admitted to Maine's Juvenile Drug Treatment Court program between September, 2004 and August, 2005. Demographic characteristics of these participants by drug court location are presented in Table 8 (below). Overall, the majority of participants can be characterized as white males (81%) between sixteen and seventeen years of age who are attending school (72%).

Information from Table 8 indicates that these 84 participants have moderate to severe substance abuse problems with their use beginning around the age of twelve with 49% reporting daily use prior to entering the drug court program. The vast majority (81%) reported marijuana as their drug of choice and half (50%) reported receiving prior substance abuse treatment. By the age of 14, most participants (66%) had contact with the police (not shown). Nearly half (45%) of these 84 participants are in drug court facing drug/alcohol related property crimes and 57% are facing felony charges. Finally, nearly a third (27%) of drug court participants have a DSM IV dual diagnosis classification.

Table 8: Characteristics of Juvenile Drug Court Participants

		<i>Juvenile Drug Treatment Court Sites</i>						
		<i>Augusta n=15</i>	<i>Bangor n=17</i>	<i>Biddeford n=11</i>	<i>Lewiston n=14</i>	<i>Portland n=14</i>	<i>West Bath n=13</i>	<i>Total n=84</i>
Gender	%Male	67%	82%	100%	86%	64%	92%	81%
Race	%White	87%	100%	100%	100%	93%	100%	96%
Employed at Admission	%Yes	40%	6%	27%	17%	31%	25%	24%
In School at Admission	%Yes	73%	60%	73%	67%	71%	100%	72%
Living w/ Parent or Guardian	%Yes	73%	88%	91%	86%	57%	100%	82%
Referred by JCCO	%Yes	33%	94%	82%	100%	100%	92%	83%
Drug of Choice								
	Alcohol	7%	6%	9%	14%	21%	23%	13%
	Marijuana	93%	82%	91%	86%	71%	62%	81%
	Opiates	-	12%	-	-	-	15%	5%
	Other	-	-	-	-	8%	-	1%
Frequency of Use								
	Daily	40%	65%	55%	64%	36%	31%	49%
	2x-6x week	40%	18%	18%	29%	21%	15%	24%
	1x week or less	20%	17%	27%	7%	43%	54%	27%
Prior Tx	%Yes	45%	39%	50%	33%	87%	N/A	50%
Dual Diagnosis	%Yes	33%	33%	22%	22%	18%	25%	27%
Drug Court Offense								
	Personal	33%	29%	-	36%	21%	30%	26%
	Property	40%	53%	46%	43%	36%	54%	45%
	Drug	20%	18%	27%	14%	29%	8%	19%
	Other	7%	-	27%	7%	14%	8%	10%
Drug Court Offense	%Felony	47%	65%	64%	57%	64%	46%	57%
Age (mean)*		16.1	16.8	16.8	16.0	17.1	16.9	16.6
Age at First Use (mean)		12	12	10	13	12	12	12
Range		6-15	6-15	6-15	6-13	10-16	8-15	6-16
Age at First Arrest (mean)		14	14	13	14	14	13	14
Range		9-16	10-17	11-14	11-17	11-16	N/A	9-17

Drug Testing

The frequent and effective use of random and monitored drug and alcohol testing is the *5th key component* of drug courts. Reliable and valid drug testing practices ensure compliance with the abstinence requirement of the program and identify when appropriate sanctions are necessary. Drug testing also highlights levels of program integrity while providing a means for the criminal justice system to perform an important public safety function. In addition, drug testing provides treatment professionals valuable information about participant substance use and aids in the modification of personalized treatment plans. An examination of the operation of the drug testing protocol is essential in assessing the overall effectiveness and success of the juvenile drug court program. Here, we compare information on the frequency of drug testing between 2003-2004 and 2004-2005 so as to determine how drug testing practices have changed over time.

Referring to Table 9, we find that the frequency of drug testing (measured as per person/per week) has increased in comparison with the 2003-2004 reporting period by approximately 20% in the aggregate. Findings, however, are site-specific. Four of the six courts (Augusta, Bangor, Biddeford and West Bath) are drug testing more frequently whereas Portland saw a 21% reduction in the frequency of drug testing and the Lewiston juvenile drug court remained unchanged from the previous year.

Table 9: Cross-Site Comparison of Drug Testing Practices

	Juvenile Drug Treatment Court Sites						
Average Number of Weekly Drug Tests	Augusta	Bangor	Biddeford	Lewiston	Portland	West Bath	Total
2004-2005	2.6	1.4	2.5	1.2	1.1	1.8	1.8
N	(15)	(17)	(11)	(14)	(14)	(13)	(84)
2003-2004	1.2	1.1	1.9	1.2	1.4	1.2	1.5
N	(10)	(11)	(12)	(14)	(16)	(5)	(68)
% Change	+117%	+27%	+32%	0%	-21%	+50%	+20%

Drug Testing Outcomes

The frequency of positive drug tests and the number of juveniles testing positive are two complementary ways of assessing compliance with the abstinence requirement of the program. Overall, a total of 2,132 drug tests were administered to 84 juveniles in the 2004-2005 time period. Relatively few drug tests (15%) actually resulted in positive findings. Nevertheless, 66% of the 84 participants tested positive one or more times for the presence of alcohol or drugs.

Referring to Table 10, the percent of positive tests during the 2004-2005 reporting period ranged from a low of 6% in Portland to a high of 21% in Lewiston. With an overall percent positive rate of 15%, Maine's juvenile drug courts compare favorably both with the national average of positive tests for drug court (24%) and with other adolescents in the juvenile justice system where positive drug test rates exceed 35%⁸. Five of the six sites saw reductions in the overall percent of positive tests from the previous year with the exception being the Biddeford juvenile drug court which saw an increase from 8% in 2003-2004 to 14% in 2004-2005.

⁸ Juvenile Drug Court Activity Update: Summary Information, OJP Drug Court Clearinghouse and Technical Assistance Project. American University.

These findings do not, however, address the extent to which the drug court program has had an effect on reducing drug and alcohol abuse among participants. To further explore this issue, we obtained information about prior drug use from drug court participants. Prior to being admitted to the drug court program, the majority of current participants (49%) indicated that they used drugs and/or alcohol on a daily basis and 72% indicated that their use exceeded 2-3 times per week (See Table 10). Given the severity of prior use among these juveniles, the relatively low overall percent (15%) positive rate coupled with 45% of participants testing positive not more than once during the 2004-2005 time period, there is strong evidence suggesting that these programs are having an impact on reducing drug use among these adolescent offenders.

Table 10: Cross-Site Comparison of Drug Testing Results

	Augusta	Bangor	Biddeford	Lewiston	Portland	West Bath	Total
Average Percent Positive Tests							
2004-2005	18%	16%	14%	21%	6%	18%	15%
2003-2004	27%	25%	8%	24%	10%	22%	19%
Drug Use Frequency Prior to Entering Drug Court							
2004-2005							
Daily	40%	65%	55%	64%	36%	31%	49%
2-3 days per week	40%	18%	18%	28%	21%	15%	23%
Once a week or less	20%	17%	27%	7%	43%	54%	28%
Total	100%	100%	100%	100%	100%	100%	100%
N	(15)	(17)	(11)	(14)	(14)	(13)	(84)
Participants Testing Positive							
2004-2005							
%None	47%	29%	18%	29%	57%	23%	34%
% One	-	12%	9%	14%	14%	15%	11%
% Two or More	53%	59%	73%	57%	29%	61%	55%
N	(15)	(17)	(11)	(14)	(14)	(13)	(84)
Participants with Positive Tests							
2004-2005							
Mean	7.1	4.3	4.3	4.8	2.5	6.4	5.0
Median	6.0	3.0	4.0	4.5	2.5	6.5	4.0
Range	2-15	1-14	1-8	1-11	1-4	1-18	1-18
N	(8)	(12)	(9)	(10)	(6)	(10)	(55)

Case Management Supervision

One of the critical operating features of the drug court model is the close supervision of participants as they progress throughout the course of the program. Case managers keep in contact with schools, family members, employers, peers, administer drug tests, and otherwise monitor participant progress and compliance with program's rules and requirements.

Table 11 examines the frequency of contacts occurring between case managers and participants. It provides information about the number of contacts per week and the extent to which these contacts were conducted in person or at home. Currently, each participant is contacted, on average, 1.9 times per week and 73% of these contacts were conducted in person. Approximately 1 out of every 10 case manager/client contacts is conducted at the participants' home. In comparison with data collected during the 2003-2004 reporting period, we find a slight decrease across sites in the percent of "face to face" contacts with the exception of the Portland juvenile drug court.

Table 11: Cross-Site Comparison of the Frequency of Case Management Supervision

		<i>Juvenile Drug Treatment Court Sites</i>						
		<i>Augusta</i>	<i>Bangor</i>	<i>Biddeford</i>	<i>Lewiston</i>	<i>Portland</i>	<i>West Bath</i>	<i>Total</i>
Contacts per week (mean)								
2004-2005		2.9	2.1	2.3	1.7	1.2	1.6	1.9
N		(15)	(17)	(11)	(14)	(14)	(13)	(84)
2003-2004		1.9	1.6	2.4	1.4	2.0	1.7	1.8
N		(10)	(11)	(12)	(14)	(16)	(5)	(68)
% Change								
Percent of Contacts In Person								
2004-2005		67%	80%	68%	74%	78%	65%	73%
N		(15)	(17)	(11)	(14)	(14)	(13)	(84)
2003-2004		88%	88%	77%	93%	64%	73%	81%
N		(10)	(11)	(12)	(14)	(16)	(5)	(68)
% Change								
Percent of Contacts in Home								
2004-2005		10%	1%	8%	9%	13%	5%	7%
N		(15)	(17)	(11)	(14)	(14)	(13)	(84)
2003-2004		6%	2%	11%	3%	18%	14%	9%
N		(10)	(11)	(12)	(14)	(16)	(5)	(68)
% Change								

Substance Abuse Treatment

The fourth *key component* of the drug court model is to *provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services*. In this respect, community-based treatment providers play a central role in drug court programs. While the justice system maintains authority over participants to ensure compliance with the treatment protocol and performance requirements of the drug court, the treatment system delivers the services intended to produce behavioral change.

Juvenile drug court participants receive a variety of treatment services ranging from individual, group, and family counseling to intensive outpatient and residential services. Table 12 shows the types of treatment services actually received. Referring to Table 12, the majority of participants receive individual counseling (62%) followed by group therapy (19%) and intensive outpatient treatment services (16%). Other types of treatment interventions (e.g.: family, residential, etc.) occur with less frequency. Individual counseling is the dominant treatment modality in Lewiston (97%) and Portland (88%) whereas in West Bath, group therapy (71%) is the most frequently employed intervention. With the exception of Augusta and West Bath, there has been an overall shift away from group therapy to individual counseling.

The types of treatment interventions as well as the frequency of attendance at treatment vary considerably across sites and have modestly changed over time. The average number of substance abuse treatment sessions attended by participants is 1.2 sessions per week and ranges from 0.6 sessions per week in Lewiston to 2.4 sessions per week in Bangor. Another variable of interest is the length of time it takes for a participant to begin his/her treatment regimen after being admitted to the juvenile drug court program. Referring to Table 12, overall findings indicate that it takes approximately 10 days after admission to the drug court program before participants begin substance abuse treatment, ranging between -14 days and 55 days. However,

there is significant cross-site variation. For example, participants are engaged in substance abuse treatment within a day or two at the Bangor juvenile drug court whereas this process can take as long as two weeks or more at the Portland juvenile drug court.

Table 12: Average Percent of Treatment Modality Used by Court

		<i>Juvenile Drug Treatment Court Sites</i>						
		<i>Augusta</i>	<i>Bangor</i>	<i>Biddeford</i>	<i>Lewiston</i>	<i>Portland</i>	<i>West Bath</i>	<i>Total</i>
Types of Tx Interventions								
2004-2005	Individual	42%	49%	71%	97%	88%	21%	62%
2003-2004		81%	15%	65%	58%	68%	30%	54%
2004-2005	Group	35%	3%	6%	1%	-	71%	19%
2003-2004		17%	62%	28%	42%	18%	67%	38%
2004-2005	IOP	5%	45%	21%	1%	11%	8%	16%
2003-2004		-	-	2%	-	8%	3%	2%
2004-2005	Other	18%	3%	2%	-	2%	-	3%
2003-2004		-	12%	1%	-	2%	1%	2%
Average Tx Session (wk.)								
2004-2005	Mean	1.0	2.4	1.3	0.6	0.8	1.2	1.2
	N	(15)	(17)	(11)	(14)	(14)	(13)	(84)
2003-2004	Mean	1.3	2.4	1.2	0.9	1.1	1.2	1.3
	N	(10)	(11)	(12)	(14)	(16)	(5)	(68)
Average Tx hours per pp/pm		4.5	9.2	5.5	2.3	3.1	6.4	5.3
	N	(10)	(10)	(9)	(9)	(10)	(13)	(61)
Length of Time Between Entry into Drug Court and Entry into Tx (days)								
2004-2005	Mean	11.8	1.2	7.3	10.4	17.6	10.2	10.0
	Median	14.0	1.0	5.0	7.0	21.0	7.0	7.0
	Range	2-21	-14-28	0-21	4-27	3-55	0-29	-14-55
	N	(15)	(17)	(11)	(14)	(14)	(13)	(84)

Ancillary Services

Recognizing that substance abuse treatment alone often fails to meet the multiple needs of offender populations, the 4th key component of drug courts emphasizes that participants be provided a “continuum of care” that includes the provision of an array of ancillary services in addition to substance abuse treatment.

In Maine, the drug court program receives little or no funding to deliver or facilitate the delivery of ancillary services. Nevertheless, many juvenile drug court participants with the assistance of the drug court team have been able to avail themselves of an array of ancillary services on an ad hoc basis including: academic assistance, crisis intervention services, health care, mental health counseling, employment, transportation and a wide variety of other ancillary services. In fact, referring to Table 13, the majority of participants (58%) have utilized at least one ancillary service during their participation in drug court and 35% have utilized two or more services. While there are cross-site variations in the percent of participants who have accessed these services, there are few differences from the 2003-2004 annual reporting period.

Table 13: Overall Distribution of the Types of Ancillary Services Accessed by Juvenile Drug Court Participants

	<i>Juvenile Drug Treatment Court Sites</i>						
	<i>Augusta</i>	<i>Bangor</i>	<i>Biddeford</i>	<i>Lewiston</i>	<i>Portland</i>	<i>West Bath</i>	<i>Total</i>
% Utilize Any Ancillary Services							
2004-2005	80%	71%	55%	21%	57%	62%	58%
N	(15)	(17)	(11)	(14)	(14)	(13)	(84)
2003-2004	60%	83%	31%	70%	44%	100%	67%
N	(10)	(11)	(12)	(14)	(16)	(5)	(68)
% Utilize Multiple Ancillary Services							
2004-2005	73%	35%	27%	7%	36%	23%	35%
N	(15)	(17)	(11)	(14)	(14)	(13)	(84)
2003-2004	33%	49%	15%	20%	32%	31%	30%
N	(10)	(11)	(12)	(14)	(16)	(5)	(68)

Sanctions and Incentives

A coordinated strategy to govern participant compliance and non-compliance is the *sixth key component of drug courts*, and is an important ingredient in a program of behavioral management (Marlowe, 2002). Like other juvenile drug courts, Maine's juvenile drug court program uses rewards and sanctions to ensure compliance with program goals and objectives. Nationally, there is a paucity of research literature about the efficacy of their use especially with respect to the juvenile drug court setting. Drug court evaluations to date, have neither examined whether sanctions and rewards are tied to the performance expectations of the drug court nor controlled for the temporal ordering of sanctions.

To fill this gap in the research literature, our study examined the role of sanctions and rewards both within and across juvenile drug court programs. Specifically, we examined the extent to which sanctions and rewards were imposed, the nature and types of sanctions and rewards employed, whether they were graduated, and how they varied across sites and over time.

Upon admission to the drug court, participants consent to the use of sanctions for violations of their behavioral contract with the drug court. Typically, sanctions are imposed for violations of program rules and regulations such as positive urinalyses, technical violations, new criminal activity, failure to attend scheduled meetings with probation, case management, treatment, insubordination or other offensive behavior. Rewards are given for compliance with program requirements.

Best practices suggest that an effective sanctioning schedule should be based on four rewards to each sanction (4:1). Figure 2 examines the ratio of rewards to sanctions imposed at each site and compares this information over time. During the 2004-2005 reporting period, the overall ratio of rewards to sanctions was 3.5:1. This represents improvement over the previous 2003-2004 reporting period where the ratio was rewards to sanctions was 2.7:1. While the benchmark standard of four rewards to each sanction has not yet been realized, Figure 2 suggests improvements have been made along this measure particularly with respect to the Augusta (4.8:1), Bangor (3.8:1), Lewiston (3.7:1) and West bath (3.2:1) courts where the ratio of rewards to sanctions doubled or nearly doubled from the 2003-2004 reporting period.

Figure 2: Ratio of Rewards to Sanctions Over Time

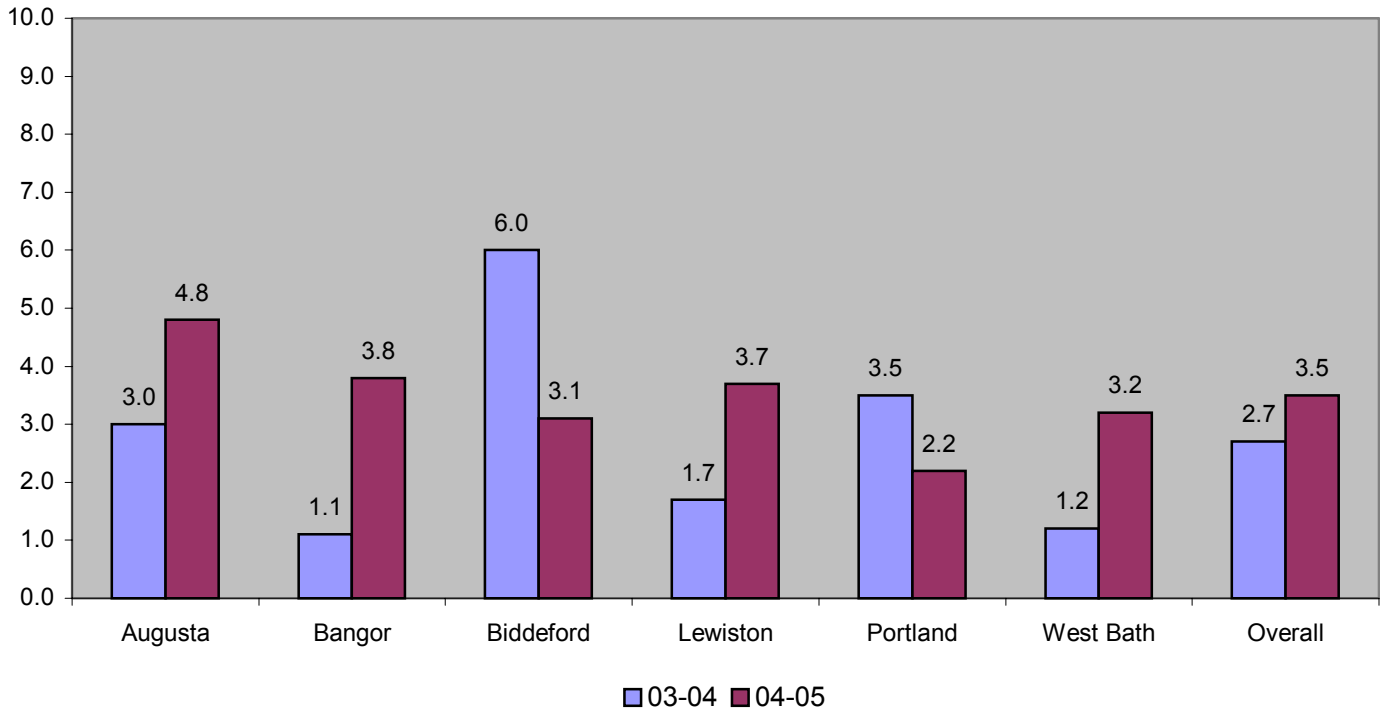


Table 14 (below) presents information on the distribution of types of sanctions and rewards imposed at each site and compares this information with data collected from the previous year. The top figure presented in each cell reflects data from the 2004-2005 time period (in bold) whereas the bottom figure reflects data obtained from the 2003-2004 time period.

Currently, the most frequent reward is praise or applause from the bench (53%) followed by curfew extensions (19%) and tangible rewards (18%) such as gift certificates. The most frequent types of sanction utilized are detention (28%) and house arrest (24%). There are cross-site variations in both the frequency and types of rewards and sanctions imposed. As discussed above, detention is the most frequently imposed sanction (28%). The use of detention ranges from a low of 18% in Bangor to a high of 45% in Biddeford. Rewards also vary by site. For example, use of curfew extensions ranges from a low of 7% in Augusta to a high of 45% in Biddeford.

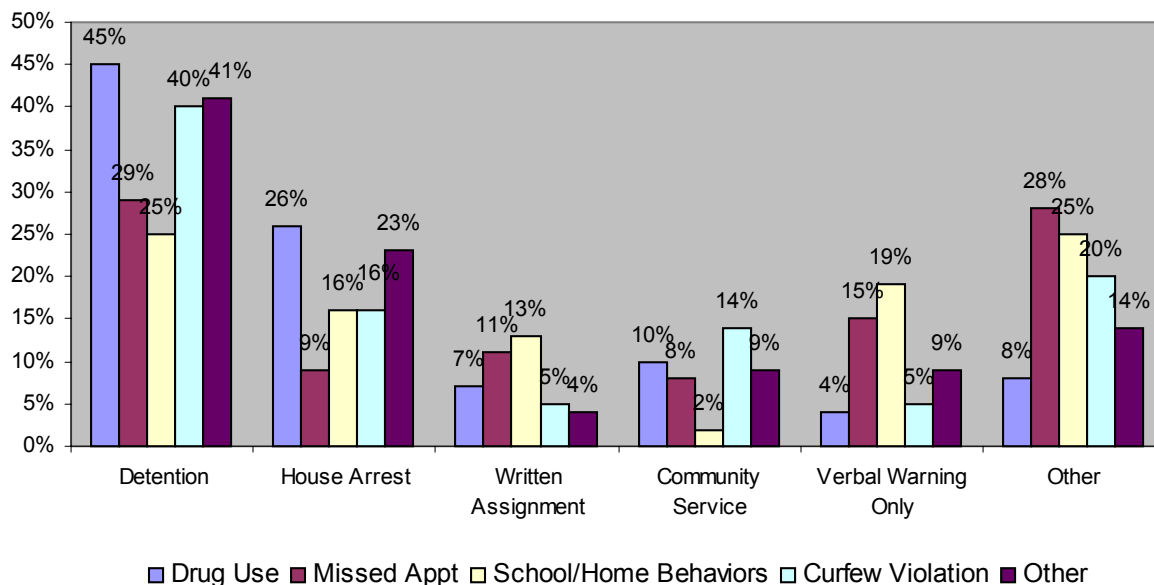
While the overall distribution of sanctions and rewards remained relatively constant over the two time periods, there are some significant within and cross-site differences. For example, use of detention increased during 2004-2005 in Biddeford (from 41% to 45%) and Lewiston (from 28% to 31%) but decreased in Augusta (from 45% to 32%), Bangor (39% to 18%), Portland (35% to 21%) and West Bath (39% to 26%). And, the use of praise and applause from the bench increased significantly in Bangor (22% to 66%) and West Bath (48% to 59%) whereas the four other sites had distributions of sanctions and rewards fairly consistent with data collected during the previous year.

Table 14: Cross-Site Comparison of the Types of Rewards and Sanctions Over Time

		<i>Juvenile Drug Treatment Court Sites</i>						
		<i>Augusta</i>	<i>Bangor</i>	<i>Biddeford</i>	<i>Lewiston</i>	<i>Portland</i>	<i>West Bath</i>	<i>Total</i>
Types of Sanctions								
	Detention	32%	18%	45%	31%	21%	26%	28%
		45%	39%	41%	28%	35%	39%	37%
	Written Assignment	12%	1%	1%	14%	11%	13%	9%
		11%	4%	6%	4%	8%	2%	6%
	Curfew Restriction	2%	3%	1%	15%	2%	1%	4%
		3%	3%	10%	8%	8%	2%	6%
	Community service	5%	1%	14%	7%	5%	7%	7%
		4%	15%	13%	-	1%	6%	7%
	Verbal Caution Only	11%	28%	6%	8%	15%	14%	13%
		4%	4%	7%	18%	5%	7%	9%
	House Arrest	32%	29%	30%	11%	20%	25%	24%
		10%	13%	9%	23%	26%	29%	20%
	Termination	0%	5%	-	-	3%	-	1%
		5%	11%	6%	3%	3%	1%	4%
	Other	7%	14%	8%	16%	23%	13%	14%
		19%	11%	9%	9%	13%	14%	12%
Types of Rewards								
	Praise/Applause/Handshake Only	40%	66%	45%	64%	62%	59%	53%
		64%	22%	41%	76%	62%	48%	55%
	Curfew Extension/Leave of Absence/ Off House Arrest, etc.	7%	9%	38%	19%	25%	13%	19%
		6%	28%	42%	10%	26%	33%	25%
	Phase Advancement	3%	5%	7%	6%	4%	9%	6%
		5%	16%	8%	9%	7%	15%	8%
	Tangible	49%	8%	7%	8%	8%	16%	18%
		24%	28%	8%	3%	5%	3%	10%
	Other	2%	12%	4%	3%	2%	3%	4%
		1%	5%	1%	3%	1%	1%	2%

While the data presented thus far illustrates the use of sanctions and rewards, they do not provide information about how sanctions and rewards operate, what infractions are sanctioned or whether sanctions are graduated. For example, do people receive similar sanctions for similar infractions? In order to examine this issue, the research team examined sanction data for various infractions of the drug court contract (e.g.: positive drug screens, missing scheduled appointments, curfew violations, etc.). That analysis indicates that drug use typically resulted in a sanction of either detention (1-7 days) or a period of house arrest. Whereas less serious infractions (e.g.: not behaving at school or at home) is more likely to result in a range of possible consequences such as detention (25%), verbal warnings (19%), house arrest (16%) and “other” sanctions (20%) such as increased attendance at treatment or curfew restrictions.

Figure 3: Types of Sanctions Imposed for Non-Compliance (2004-2005)



Sanction data was further examined to assess whether sanctions were graduated. Table 15 examines the types of sanctions imposed upon those participants who violated one of the most serious infractions of the drug court contract - positive drug use. As noted above, the most frequent response to a positive drug test is detention (45%) followed by house arrest (26%) and community service (10%). Findings in Table 15 indicate variations among the six drug court sites in the use of detention as a response for drug use among participants. For example, the use of detention as a sanction ranges from a low of 18% in West bath to a high of 82% in Augusta.

Table 15: Cross-Site Comparison of Participants Sanctioned for Drug Tests

	<i>Juvenile Drug Treatment Court Sites</i>						<i>Total</i>
	<i>Augusta</i>	<i>Bangor</i>	<i>Biddeford</i>	<i>Lewiston</i>	<i>Portland</i>	<i>West Bath</i>	
Sanctions Given for Positive Tests							
% Detention	82	44	56	50	46	18	45
% Community Service	12	6	22	-	5	13	10
% House Arrest	6	19	19	4	32	53	26
% Other	-	31	3	46	16	16	19
Total Percent	100	100	100	100	100	100	100
Number of Tests	17	16	27	24	22	38	144

Data presented in Table 16 controls for the temporal ordering of sanctions for consecutive positive drug screens. That is, we examined the sanctions imposed on participants for their first, second, third and subsequent positive drug test. Since detention is one of the more commonly utilized sanctions for positive drug use and it is limited to a maximum of 7 days per infraction, we would expect there to be a marginal systematic increase in the use of detention by the number of times positive drug use is detected. As shown in Table 16, the severity of sanctions – not the type of sanction – is indeed graduated for persistent drug use. Overall, one-third of participants will likely be detained for their first positive drug screen and this likelihood increases with respect to the second (two out of five participants detained) and third and subsequent positive drug test (two out of three participants detained). Is the severity of

incarceration positively associated with successive positive drug use? Referring to Table 16, we find that participants were detained an average of 3 days for the first positive drug screen with days of detention increasing along the temporal order – that is, sanctions are graduated, increasing in severity, with continued violations of the drug court contract. In sum, while there is still room for improvement, the overall analysis of rewards and sanctions for Maine’s juvenile drug courts reveal that promising practices are in place with respect to the ratio of rewards to sanctions, their timing, frequency as well as their intensity (or gradation).

Table 16: Temporal Ordering of Sanctions for Successive Positive Drug Use

	<i>Juvenile Drug Treatment Court Sites</i>						
	<i>Augusta</i>	<i>Bangor</i>	<i>Biddeford</i>	<i>Lewiston</i>	<i>Portland</i>	<i>West Bath</i>	<i>Total</i>
% Receiving Detention							
1 st Positive	50%	33%	36%	25%	46%	27%	35%
Modal Days of Detention	5	3	3	2	2	5	3
2 nd Positive	88%	50%	67%	20%	20%	11%	40%
Modal Days of Detention	7	4	3	3	2	4	4
3 rd and Subsequent Positive	100%	67%	86%	82%	67%	14%	61%
Modal Days of Detention	7	4	3	4	7	5	7

Intermediate Outcome Measures: Education, Employment and Abstinence

In comparison to the traditional probationary supervision of juvenile offenders, these drug court programs are not only more intensive but also benefit those who participate. Indeed, participation in Maine’s juvenile drug court program has resulted in many improvements in the lives of its participants. Overall, the research team found that many participants became gainfully employed or returned to school as result of their participation in the program and that their use of drugs and or alcohol dramatically decreased. Data presented in Table 17 indicates that prior to entering the program, 30% of participants neither attended school nor worked. This changed after entering the drug court program with only 8% neither working nor attending school. Conversely, the percent of participants who were both working and attending school prior to entering the drug court program (11%) increased to 56% after entering the drug court. And, with respect to use of alcohol/drugs, before entering the drug court program, 72% of participants reported use exceeding 2-3 times per week. Whereas after entering the drug court program, 34% of participants tested clean during their participation in the program.

Table 17: Life Improvements for Maine Juvenile Drug Court Participants

	Before Entering Drug Court	After Entering Drug Court
Both Attending School and Working	11%	56%
Attending School Only	51%	32%
Working Only	8%	4%
Neither Attending School nor Working	30%	8%
Participant Alcohol/Drug Use	72% minimum use 2-3 days/week	34% No use during program participation

Conclusion

This report has provided an assessment of processual activities and an intermediate outcome assessment of Maine's juvenile drug treatment court programs. We have examined core components of the drug court model including drug testing, sanctions and incentives, treatment attendance, case management supervision, and ancillary service utilization, both in terms of an assessment of current practices as well as how these practices have changed over time. The following presents a summary of the major findings presented in this report:

- ❑ The number of new admissions to the juvenile drug courts in Maine has risen significantly during the most recent reporting period, from 65 admissions in 2003-2004 to 84 participants in 2004-2005 – an increase of nearly 30%.
- ❑ Overall graduation rates for Maine's juvenile drug courts (42%) compare very favorably with graduation rates of juvenile drug courts nationally (29%).
- ❑ The average length of time from initial referral to admission has decreased from 47 days to 45 days overall with the Bangor juvenile drug court being the most successful in reducing the delays in the admission process over the past year.
- ❑ The overall analysis of rewards and sanctions for Maine's juvenile drug courts reveal that promising practices are in place with respect to the ratio of rewards to sanctions, their timing, frequency as well as their intensity.
- ❑ Before entering the drug court program, 72% of participants reported drug/alcohol use exceeding 2-3 times per week. After entering the drug court program, 34% of participants tested clean during their participation in the program.
- ❑ The majority of juvenile drug court participants (58%) have been able to access an array of ancillary services (e.g.: academic assistance, crisis intervention services, health care, mental health counseling, employment, etc.) and more than a third (35%) have received assistance from two or more services.
- ❑ Many participants became gainfully employed or returned to school as result of their participation in the program. The percent of participants who were both working and attending school prior to entering the drug court program (11%) increased to 56% after entering the drug court.
- ❑ Some drug court locations have either chosen to ignore the guidelines surrounding phase advancement criteria, adopted other requirements in addition to, or in replacement of those outlined in the policy and procedures manual.
- ❑ With the exception of two sites, there has been an overall shift away from group therapy to individual counseling as the primary substance abuse treatment modality for juvenile drug court participants.
- ❑ Juvenile drug court participants reflect the program's intended target population with 93% of all participants screening for both a moderate to high risk for criminal recidivism as well as having demonstrated a substantial substance abuse problem.
- ❑ There has been a dramatic increase in both the number and variety of key actors now in attendance at pre-court meetings and juvenile drug court status hearings with much greater participation from probation, treatment, prosecution and defense counsel.

Overall, this evaluation indicates that Maine's juvenile drug courts have generated positive outcomes for its participants. Despite each court having its own unique set of characteristics, style and approach, Maine's juvenile drug courts fared well as measured against the best practices and performance measures outlined in *The Ten Key Components*. The final measure of program success will be the rate of post-program re-arrest activity among drug court participants as well as the correctional cost/savings resulting from those outcomes. That analysis is provided in Part II of this report.

Part II – Outcome Evaluation

This section of the report presents findings of a study assessing each of Maine’s Juvenile Drug Treatment Court Programs in terms of post-program recidivism and estimates the correctional cost/savings associated with those outcomes⁹. To assess the efficacy of Maine’s juvenile drug court program, the research compared differences in recidivism rates between Maine’s juvenile drug court participants and similarly situated juveniles in Maine who were under traditional probationary supervision. That is, the research incorporates a quasi-experimental, matched-pair design. Between February, 2000 and September, 2004 a total of 219 discharged participants had sufficient exposure, or “*time at risk*” to be included in the 12-month follow-up. For example, a participant discharged on January 1, 2004 was tracked for 12 months until December 31, 2005 to identify whether any new criminal activity had occurred.

Drug court participants and their non-drug court counterparts were matched across a number of variables. The non-drug court comparison group was constructed from information gathered from Maine’s Department of Corrections and the Juvenile Treatment Network (Day One). The Juvenile Treatment Network database contained the bulk of information used to match offenders. This information included substance abuse screening results and general demographic information. The Yo-LSI measure assessing an offender’s risk of re-offending was obtained from the Maine Department of Corrections, Division of Juvenile Services.

Comparison subjects were adjudicated juvenile offenders in Maine with substance abuse problems but neither participated in, nor were referred to, the juvenile drug court program. These non-drug court offenders were matched with drug court participants across a variety of demographic characteristics, substance use history/screening results and criminal risk factors including: date of entry, age, race, gender, county of residence, ASAM score, JSAE drug and alcohol scores, Yo-LSI measure of criminal risk, living situation and school status.

Arrest data was obtained from two sources: 1) Maine’s Department of Corrections, Division of Juvenile Services provided arrest information on adolescents who were still under their supervision; and, 2) Maine’s Department of Public Safety provided arrest data for those adolescents who turned 18 and matriculated into the adult criminal justice system. Recidivism data presented in this paper reflects all post-program felony and misdemeanor arrests in Maine for drug court participants and a matched group of juvenile offenders traditionally adjudicated.

The amount of exposure or “time at risk” during which re-arrest activity was measured for the 219 non-drug court juvenile offenders equaled the number of days of exposure time for the drug court participant with whom they were matched. It is anticipated that this procedure of matching pairs of offenders will reduce potential sources of selection bias that typically occur in studies of this kind.

Post-Program Recidivism Outcomes

The strongest test of criminal justice diversion programs is the extent they actually reduce crime and save money. Although research on adult drug court programs have shown reductions in criminal activity among program graduates and overall costs savings both in terms of prison time and criminal justice case processing (See generally Belenko, 1999, 2001; Wilson et. al. 2002; Harrel et. al. 2002; Rempel, 2003; and Finnegan, M.W. and Carey, 2003), it has been more

⁹ Analysis of post-program recidivism data for the Lewiston juvenile drug court is not presented due to insufficient cell counts.

difficult for researchers to draw meaningful conclusions about such outcomes for juvenile drug courts. Juvenile drug court programs are more recent than adult drug court programs, typically have had far fewer enrollments, and are strategically more difficult to research given the high degree of confidentiality, and in many cases inaccessibility, of juvenile court and treatment records. As a result of these problems, there have been relatively few evaluations of juvenile drug court programs nationally. Among the evaluations that have been conducted, few include analyses of post-program recidivism, incorporate an experimental design or utilize multivariate models to assess program outcomes. Nevertheless, these studies have been suggestive as they indicate that recidivism rates during post-program follow-up periods are lowest for juveniles who graduate and highest among those who were expelled.¹⁰

Among the few studies that have compared recidivism rates of juvenile drug court participants with a comparison group, juvenile drug court participants, on the whole, are less likely to recidivate. For example, Latessa (2002) suggests a positive program effect for participants in Ohio's juvenile drug court programs demonstrating differential re-arrest rates of 19% between drug court participants and non-participants. In addition, five of the seven juvenile drug court evaluations listed by the American University report lower re-arrest rates for graduates than expelled participants or control groups of non-participants (Cooper, 2004). However, two studies report negative findings indicating that comparison subjects did not differ or had lower re-arrest rates than drug court participants (Clymer et. al. 2000 and Hartmann and Rhineberger, 2003). Nevertheless, these studies still pose methodological problems because the comparison groups were constructed from a pool of adolescent offenders who were either terminated from the program or referred to but not accepted into the program.¹¹

The current study marks an innovative development in research on juvenile drug courts. It compares twelve month post-program re-arrest rates of 219 juvenile drug court participants who either completed or were expelled from the program with a matched control group of 219 drug involved juvenile offenders who did not participate, nor were referred to, the juvenile drug court program. Twelve-month post-program recidivism information is presented in Table 18.¹²

Findings in Table 18 indicate that the difference in re-arrest rates between juvenile drug court participants (42%) and the control group of juveniles traditionally adjudicated (43%) is lower both in the aggregate as well across four of the five sites. Only at one site, Court E did the control group of juvenile offenders traditionally adjudicated (35%) fare better than the drug court participants (40%) in this sample. Overall, fewer juvenile drug court graduates (33%) were re-arrested than the control group (43%) and this held constant across sites with the greatest difference occurring at Biddeford (55% Control versus 39% Graduates). And, as might be expected, the re-arrest rate among drug court participants who were expelled from the program (48%) is highest among any other grouping. The next question that will be addressed concerns the nature of the crimes that were committed in the post-program follow-up and explore whether or not there are any meaningful aggregate or site-specific differences specific categories of offenses.

¹⁰ Lacking a control group, the problem with this type of design is that both graduates and expelled participants are self-selecting groups.

¹¹ It must be emphasized that when subjects are selected or self-selected into such groupings, there is a likelihood that the groups will differ on characteristics such as motivation, social support, intelligence or any number of uncontrolled factors that could influence differences in outcomes. In the current study, many factors that would confound the analysis with "selection bias" are "controlled" by the matched pair design. Essentially, each pair is similar with respect to known demographic and program characteristics.

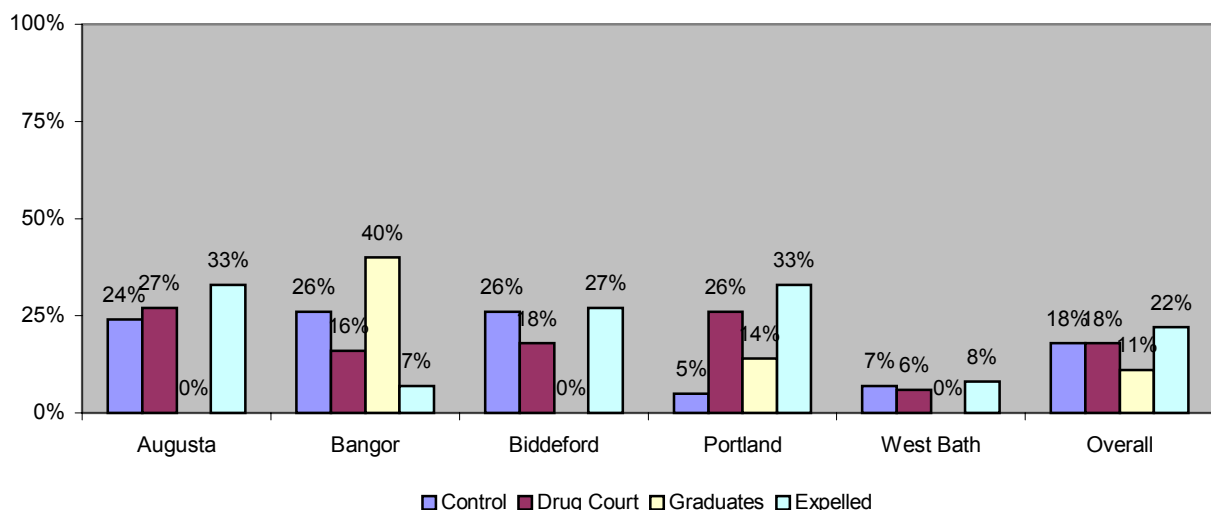
¹² T-tests were performed to determine whether differences in arrests rates were statistically significant. No statistically significant differences were found.

Table 18: Comparison of One Year Post Program Recidivism Outcomes for Maine's Juvenile Drug Treatment Court Programs

% Rearrested / (N)	Augusta	Bangor	Biddeford	Portland	West Bath	Overall
Control Group (Traditional Adjudication)	44% (39)	43% (45)	55% (42)	38% (50)	35% (43)	43% (219)
Experimental Group (Drug Court)	39% (39)	41% (45)	52% (42)	38% (50)	40% (43)	42% (219)
Drug Court Graduates	30% (10)	38% (13)	39% (18)	30% (23)	26% (19)	33% (83)
Drug Court Expelled	42% (29)	44% (32)	63% (24)	44% (24)	50% (24)	48% (136)
Overall	41% (78)	42% (90)	54% (84)	38% (100)	37% (86)	43% (438)

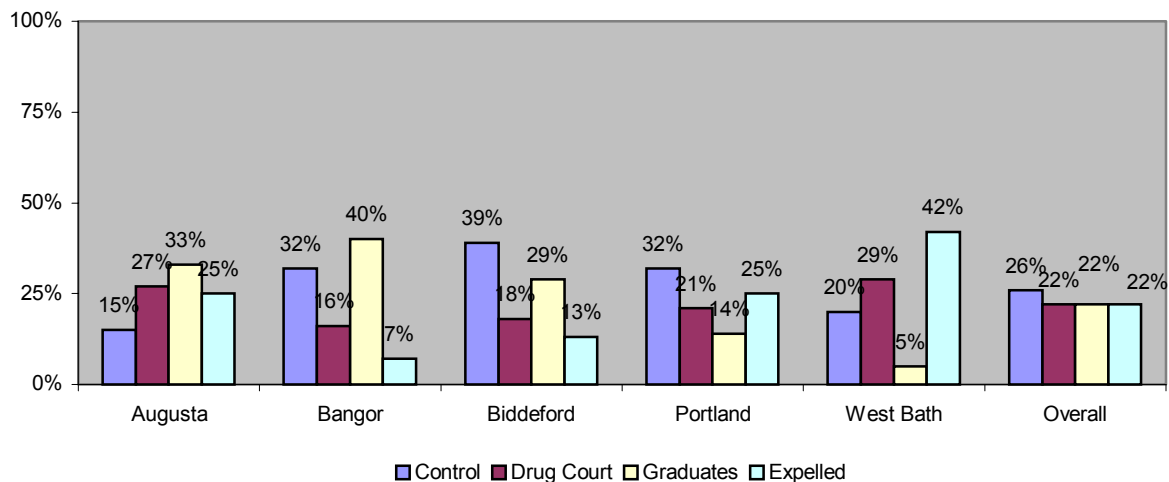
Figures 4 and 5 present post-program re-arrest information for two major types of offense categories, felony and drug/alcohol related crimes for each of the five sites. Overall, there was no difference between drug court participants (18.5%) and non-drug court offenders (18.5%) when examining new felony offense charges (Not shown). However, there are some site-specific exceptions. For example, at three of the five sites, the control group was more likely than the drug court group to commit new felony crimes whereas at Portland, the opposite holds true. Here, 26% of the drug court group committed new felony crimes in the post-program follow-up versus only 5% among those in the control group. Drug court graduates were, by far, the least likely to commit new felony crimes at most sites except Bangor where 40% of graduates were charged with new felony offenses compared to 26% of the control group and only 7% of the expelled group. It should be noted that the majority of juvenile offenders in the study (82%) were arrested for less serious misdemeanor offenses. Differences that do exist are not statistically significant due to insufficient cell counts.

Figure 4: Felony Post-Program Arrest Offense by Site



Referring to Figure 5, juvenile drug court participants (22%) are less likely than the traditionally adjudicated offenders (26%) to be arrested for alcohol or drug related offenses (Not shown). This holds true for three of the five sites in the study, whereas at Augusta and West Bath, the drug court group was more likely than the control group to commit new drug/alcohol related crimes in the post-program follow-up. However, there were more mixed results across sites among drug court graduates. For example, at Bangor, 40% of new crimes committed were drug/alcohol related versus only 5% at West Bath in the post-program follow-up.

Figure 5: Drug/Alcohol Post-Program Arrest Offense by Site



Factors Predicting Post-Program Recidivism Outcomes

Results from the preceding analyses suggest that while drug court participants had lower recidivism rates than the comparison group of adolescent offenders under traditional probationary supervision, these observed differences are small suggesting that they may be attributable to offender characteristics (e.g.: criminal risk level). To isolate the effect of drug court participation on recidivism outcomes while controlling for these additional factors, we employed step-wise logistic regression techniques using the variables indicated earlier contained in matching pairs. This technique assesses what factors significantly predict the overall odds of post-program recidivism and tests the combined effect of participant demographics, criminal history patterns and drug court participation on the overall odds of re-arrest.

Referring to Table 19, overall results from the step-wise logistic regression analysis on the occurrence of post-program recidivism indicate that there is no one single variable across sites that can be accounted for to predict the overall odds of recidivism while simultaneously controlling for the effect of drug court participation. In sum, there were only a total of three variables of significance. The one variable that pertained to Bangor concerned offender risk-level. As expected, we find that “high risk” offenders were found to be 2.5 times more likely to recidivate than those who were not. In Biddeford, offenders who were enrolled in a vocational/educational program at the time of admission were nearly 3 times less likely to recidivate than those who were not in school. (This is calculated by taking the inverse of the odds ratio *Exp B*.) And, lastly, offenders who had an JASAE (Juvenile Automated Substance Abuse Evaluation) alcohol score of 4 or higher were found to be nearly four times more likely to recidivate than offenders with scores of three or lower at West Bath.

Table 19: Results from the Stepwise Logistic Regression on the Odds of Post-Program Recidivism

<i>Variables</i>	Augusta	Bangor	Biddeford	Portland	West Bath	Overall
Gender	NS	NS	-	NS	NS	NS
In School	NS	NS	0.360*	NS	NS	NS
Employed	NS	NS	NS	NS	NS	NS
Drug of Choice (MJ)	NS	NS	NS	NS	NS	NS
Yo-LSI Risk (High)	NS	2.429*	NS	NS	NS	1.696**
ASAM Level IIa +	NS	NS	NS	NS	NS	NS
JASAE Alc 4+	NS	NS	NS	-	3.846**	2.944***
JASAE Drug 4+	NS	NS	NS	-	-	NS
Drug Court Participation	NS	NS	NS	NS	NS	NS
Constant	0.696 ns	0.538*	2.429*	0.613*	.250***	0.240***

***p<.001, **p<.01, *p<.05; two-tailed tests

Unstandardized coefficients and standard errors available from author upon request.

Estimating Program Costs and Crime Reduction Benefits

The annualized economic costs of substance abuse in the United States exceeds \$275 billion. Such costs occur because of lost earnings, losses in productivity, direct salary costs and indirect costs of organizations that deal with the repercussions of substance abuse including the criminal justice system, mental health organizations, hospitals and social service agencies, to name a few. Policy makers are interested in how diversion programs reduce costs. As a result, researchers have been pressed to identify the costs and benefits associated with drug court programs. Are drug courts effective in reducing crime? Are drug courts cost effective?

In comparison with the traditional probationary supervision of juvenile offenders, this drug court program is not only more intensive but also benefits the juveniles who participate and saves money as well. The total annualized operational costs for processing 219 juvenile drug court participants over the costs of processing a matched sample of juvenile offenders who are under traditional probationary supervision is estimated to have saved a net total of \$41,189.00 in criminal justice related expenditures.

Methodology

A number of different approaches can be used to determine whether or not drug court programs are cost effective. The methodology employed here is modeled after that developed by Harrell, Cavanagh and Roman (1998) who developed a method for calculating the costs and benefits of the Washington D.C. Superior Court Drug Intervention Program.

The cost estimates for this study are based on differences in use of resources between the participants in the juvenile drug court program and adolescents under traditional probationary supervision. Given the availability of information for calculating program and criminal justice related costs and the lack of data available for measuring many social and familial related benefits, it should be noted that the cost-benefit analysis presented here is conservatively estimated.

The costs of operating the juvenile drug court program for the 219 participants in the recidivism study covers the first 56 months of the programs operation. Program start-up costs

(\$313,500) were excluded from the analysis as our concern lies in the ongoing costs of daily operations. Per diem costs of the drug court program for each participant was \$19.92. Total operating costs are based on the average daily cost times the number of days participants were enrolled in the drug court. The total annualized cost of the drug court's operations of \$252,232 was calculated in the following manner:

Calculating Cost of Operations

Total Program Cost	\$2,337,442	
Start Up Costs	\$313,500	
Total Operating Costs	\$2,023,942 / Total Client Days 101,605	= \$19.92/day
Less Cost of Active Days	\$19.92 * 20,939 days	= \$417,105
Less Cost of Excluded Cases	\$19.92 * 21,574 days	= \$429,754
Net Operating Costs	\$2,023,942 - \$417,105 - \$429,754	= \$1,177,083
Annualized Cost (44 Months)	\$1,177,083 / 56*12	= \$252,232

The analysis that follows is based on actual costs that are accrued by the public including: costs incurred by crime victims (e.g.: medical care, mental health care expenditure, lost productivity); costs that accrue to the public (e.g.: victim's services and compensation); and criminal justice costs including the costs of criminal court case processing, detention and probation.

Estimating the costs incurred by crime victims and the costs accrued to the general public is calculated by multiplying the number of crimes (incidents) times the cost associated with each criminal event. Estimates for incidence cost are derived from Miller, Cohen and Wierseman (2001) and Rajkumar and French (1996). Table 20 provides their estimates for the average cost per victimization and figures are adjusted for inflation through 2001¹³. Estimates for calculating new court costs are derived from Cohen, 1998 and adapted from Thompson's cost-benefit analysis of North Dakota's Juvenile Drug Court Program in December, 2002. Samples of these estimates are provided in Table 21.

Table 20: Costs Associated with a Criminal Act^a

<i>Offense</i>	<i>Cost of Incidence</i>	<i>Offense</i>	<i>Cost of Incidence</i>
Arson	\$21,682	Forgery	\$0
Assault	\$1,851	Larceny/Theft	\$431
Burglary	\$1,324	Motor Vehicle Theft	\$4,120
Drug Possession	\$0	Murder	\$432,055
Drug Trafficking	\$0	Criminal Threatening	\$756
Operating Under the Influence	\$6,991	Sexual Assault	\$5,978
Probation Violation	\$0	Robbery	\$2,704

^a Adapted from Harrell, Cavanagh and Roman (1998) Miller, Cohen and Wiersema (2001) estimates

¹³ It should be noted that these are national estimates using data derived from the National Crime Victim Survey and the Federal Bureau of Investigation. Any bias that may result in the application of these estimates in Maine cannot, unfortunately, be estimated.

Table 21: Costs Associated with Criminal Justice Case Processing (per charge)^b

<i>Offense</i>	<i>Court Costs</i>	<i>Offense</i>	<i>Court Costs</i>
Operating Under the Influence	\$1,161	Criminal Mischief	\$417
Theft	\$610	Motor Vehicle Theft	\$1,675
Assault	\$507	Resisting Arrest/Disorderly Conduct/Criminal Trespassing	\$610
Burglary	\$835	Drug Possession	\$1,161

^b Adapted from Thompson, 2002.
Cohen, 1998 estimates

Criminal justice related costs including the costs of juvenile detention and probation were derived from official records maintained by Maine's Department of Corrections, Division of Juvenile Services. Detention costs were estimated at \$217 per day for fiscal year 2000, \$274 per day for fiscal year 2001 and \$345/day for fiscal years 2002-2004. The average daily cost for an offender on juvenile probation was based on a median probation officer salary of \$43,995 (this includes fringe and retirement benefits) adjusted for inflation from 2004. The same per diem cost was calculated for adult probation for those offenders committing crimes as adults. Per diem incarceration costs in adult jail facilities was estimated by taking the average from seven county jails (Cumberland, York, Androscoggin, Penobscot, Washington, Oxford and Franklin), which amounted to \$105.00 a day per offender. Information pertaining to crimes committed as adults and related sentencing data was obtained from Maine's Department of Public Safety.

Table 22 provides the annualized cost comparisons between 219 juvenile offenders placed in the juvenile drug court program against the matched sample of 219 juvenile offenders who were under traditional probationary supervision. Findings indicate that the program has produced a net savings of \$41,189. These savings were derived from three primary indicators: reduced detention/jail costs (\$230,858.00), reduced costs for criminal case processing (\$15,226.00) and an overall savings in crime reduction (\$47,221).

Table 22: Annualized Operational Costs and Crime Reduction Benefits of Maine's Juvenile Drug Court

	<i>Traditional Adjudication N=219</i>	<i>Juvenile Drug Court N=219</i>	<i>Difference</i>
Total Operating Costs	0	\$252,232	(\$252,232)
New Court Costs	\$62,464	\$47,238	\$15,226
Detention Costs (including sanctions)	\$722,412	\$491,554	\$230,858
New Probationary Costs	\$9,993	\$9,877	\$116
Cost of New Criminal Activity	\$178,246	\$131,025	\$47,221
Total	\$973,115	\$931,926	\$41,189

Limitations

Several limitations of this study deserve recognition because they may have important impacts on the interpretation of outcomes. First, the outcomes presented in this study do not necessarily reflect present day circumstances of the program. This was necessitated by the research design measuring re-arrest rates over a twelve-month post-program follow-up. The analysis is based upon a total of 219 participants who either graduated or were expelled from the drug court program at least 15 months prior to the publication of this report. Hence, the analyses are skewed towards outcomes occurring more than a year ago. In an ideal research design information about the initial year of program operations would be excluded to account for issues that often arise during program implementation. Second, although the study did employ a matched pair design reducing the likelihood of pre-existing group differences, there is a likelihood that the groups will differ on many unmeasured characteristics such as motivation, social support, intelligence or any number of uncontrolled factors that could influence differences in outcomes. Lastly, the data used in this evaluation is limited to data derived from official records. Hence, we did not examine how clients perceive their drug court experience or how they believe the drug court has affected their lives.

Appendix A

Analysis of Observational Data for the Lewiston Juvenile Drug Court

<i>Items</i>	<i>% / %Range</i>	<i>% Time Pre-Court</i>	<i>% Time Pre-Court Others</i>	<i>% Time Court</i>	<i>% Time Court Others</i>
Education		2 1-5	4 1-10	2 0-4	13 2-31
Employment		2 0-3	4 5-6	2 1-4	11 3-22
Financial		-	6 0-3	-	1 0-5
Living Situation		4 2-5	5 1-12	6 3-8	9 1-23
Drug Use		6 5-8	9 6-16	12 9-13	15 3-31
Legal Issues		2 1-4	3 0-9	5 0-13	4 0-15
Rewards		3 3-4	4 0-13	20 4-46	11 0-33
Sanctions		12 4-25	9 3-17	14 1-37	12 0-27
Scheduling		2 0-5	4 0-24	4 2-8	4 0-15
DHHS		1 0-1	2 0-6	1 0-3	1 0-4
AA/NA		0 0-1	1 0-1	-	1 0-3
Medical		1 0-2	1 0-2	4 0-7	1 0-8
Mental Health		1 2-7	1 0-5	-	-
Screening/Assessment		2 1-3	1 0-2	-	1 0-2
Individual		6 5-8	4 1-7	10 2-21	6 0-19
Group		1 0-1	1 0-4	-	3 0-14
Family		-	1 0-3	0 0-1	1 0-4
IOP		0 0-1	2 0-5	4 0-12	3 0-14
Residential		10 2-16	4 0-10	2 0-3	5 0-15
Shelter/Halfway House		-	2 0-10	-	2 0-17
Continuing Care		1 0-1	1 0-2	3 0-8	1 0-6
Ancillary Services		1 1-1	2 0-6	2 2-3	3 0-8
In-home Support		0 0-1	1 0-6	-	1 0-11
Attitude/Behaviors		12 6-21	14 6-20	14 1-17	21 3-38
Motivation		3 2-3	2 0-4	-	1 0-3
Peer Relationships		2 1-4	5 0-12	8 7-10	6 0-17
Parent/Guardian Issues		11 6-14	8 3-12	17 8-26	12 6-25
Other Relationships		7 2-11	3 0-8	3 0-6	4 0-17
Domestic Violence		2 1-3	1 0-5	0 0-1	1 0-5
Extracurricular		2 1-2	3 1-5	14 9-17	6 2-19

Analysis of Observational Data for the Bangor Juvenile Drug Court

<i>Items</i>	<i>% / %Range</i>	<i>% Time Pre-Court</i>	<i>% Time Pre-Court Others</i>	<i>% Time Court</i>	<i>% Time Court Others</i>
Education		4	4	18	10
		1-6	1-10	6-24	0-31
Employment		5	3	19	8
		5-6	0-6	16-22	1-17
Financial		1	0	3	0
		0-3	0-2	2-5	0-2
Living Situation		6	5	15	7
		6-8	1-12	10-23	1-19
Drug Use		7	9	7	16
		6-9	5-16	3-14	8-31
Legal Issues		6	2	6	4
		2-9	0-7	0-9	0-15
Rewards		3	4	4	14
		2-4	0-13	0-6	0-46
Sanctions		9	10	3	14
		3-13	4-25	2-5	0-37
Scheduling		-	4	5	3
			0-24	0-15	0-9
DHHS		4	1	1	1
		2-6	0-6	0-4	0-4
AA/NA		0	1	-	1
		0-1	0-1		0-3
Medical		1	1	5	1
		1-1	0-2	0-8	0-7
Mental Health		1	1	-	-
		0-2	0-7		
Screening/Assessment		0	1	1	0
		0-1	0-3	0-1	0-2
Individual		6	4	5	7
		5-7	1-8	5-5	0-21
Group		0	1	1	3
		0-1	0-4	0-1	0-14
Family		1	1	1	1
		0-2	0-3	0-2	0-4
IOP		3	1	5	3
		2-3	0-5	5-5	0-14
Residential		2	5	6	4
		2-2	0-16	5-8	0-15
Shelter/Halfway House		2	2	0	2
		2-3	0-10	0-1	0-17
Continuing Care		1	1	6	1
		1-1	0-2	5-6	0-8
Ancillary Services		1	2	3	3
		0-1	0-6	1-4	0-8
In-home Support		1	1	-	1
		1-1	0-6		0-11
Attitude/Behaviors		15	13	28	18
		12-20	6-21	17-35	3-38
Motivation		1	2	-	1
		0-3	0-4		0-3
Peer Relationships		5	4	8	6
		4-7	0-12	5-13	0-17
Parent/Guardian Issues		8	9	16	12
		7-8	3-14	10-19	6-26
Other Relationships		3	4	2	4
		2-5	0-11	0-4	0-17
Domestic Violence		2	1	2	1
		0-5	0-3	0-4	0-5
Extracurricular		2	3	5	8
		1-3	1-5	3-7	2-19

Analysis of Observational Data for the West Bath Juvenile Drug Court

<i>Items</i>	<i>% / %Range</i>	<i>% Time Pre-Court</i>	<i>% Time Pre-Court Others</i>	<i>% Time Court</i>	<i>% Time Court Others</i>
Education		5 3-6	4 1-10	14 5-31	10 0-25
Employment		2 2-2	4 0-6	6 3-12	10 1-22
Financial		-	1 0-3	1 0-2	1 0-5
Living Situation		6 4-12	5 1-9	5 4-7	1 1-23
Drug Use		13 9-16	8 5-11	23 10-31	12 3-28
Legal Issues		5 3-7	3 0-9	6 2-15	3 0-13
Rewards		1 0-3	5 0-13	2 0-3	14 0-46
Sanctions		10 7-12	10 3-25	18 6-27	11 0-37
Scheduling		1 0-3	4 0-24	2 0-6	4 0-15
DHHS		0 0-1	2 0-6	1 0-4	1 0-4
AA/NA		1 0-1	0 0-1	2 0-3	1 0-3
Medical		1 0-2	1 0-2	1 0-2	2 0-8
Mental Health		-	2 0-7	-	-
Screening/Assessment		-	1 0-3	-	1 0-2
Individual		2 1-3	5 2-8	3 1-6	7 0-21
Group		3 1-4	1 0-3	5 1-8	2 0-14
Family		-	1 0-3	1 0-2	1 0-4
IOP		1 1-3	2 0-5	2 0-4	4 0-14
Residential		4 0-7	5 0-16	10 1-15	3 0-8
Shelter/Halfway House		-	2 0-10	-	2 0-17
Continuing Care		1 0-1	1 0-2	-	2 0-8
Ancillary Services		1 0-1	2 0-6	3 1-5	3 0-8
In-home Support		-	1 0-6	1 0-2	1 0-11
Attitude/Behaviors		18 18-19	13 6-21	24 17-38	19 3-35
Motivation		2 0-4	2 0-4	1 1-2	1 0-3
Peer Relationships		9 6-12	3 0-7	14 13-17	5 0-13
Parent/Guardian Issues		7 6-8	9 3-14	12 8-15	13 6-26
Other Relationships		3 0-6	4 0-11	7 0-17	3 0-7
Domestic Violence		1 0-2	1 0-5	3 0-5	1 0-4
Extracurricular		4 3-5	3 1-5	11 6-19	7 2-17

Analysis of Observational Data for the Biddeford Juvenile Drug Court

<i>Items</i>	<i>% / %Range</i>	<i>% Time Pre-Court</i>	<i>% Time Pre-Court Others</i>	<i>% Time Court</i>	<i>% Time Court Others</i>
Education	3 2-4	4 1-10	16 2-25	10 0-31	
Employment	5 4-6	3 0-6	13 9-17	9 1-22	
Financial	1 0-2	0 0-3	-	1 0-5	
Living Situation	5 1-9	5 2-12	14 4-19	7 1-23	
Drug Use	7 6-8	9 5-16	23 14-28	12 3-31	
Legal Issues	1 0-3	4 0-9	1 0-3	4 0-15	
Rewards	7 6-9	4 0-13	21 13-33	10 0-46	
Sanctions	9 6-14	10 3-25	18 14-22	11 0-37	
Scheduling	6 0-18	3 0-24	2 0-5	4 0-15	
DHHS	1 0-1	2 0-6	1 0-2	1 0-4	
AA/NA	1 1-1	0 0-1	1 0-3	0 0-3	
Medical	1 0-2	1 0-2	-	2 0-8	
Mental Health	2 0-5	1 0-7	-	-	
Screening/Assessment	1 1-1	1 0-3	0 0-1	1 0-2	
Individual	5 4-6	4 1-8	13 7-19	5 0-21	
Group	1 0-1	1 0-4	2 0-5	2 0-14	
Family	1 0-2	1 0-3	-	1 0-4	
IOP	3 2-3	1 0-5	8 3-14	3 0-12	
Residential	4 0-10	5 0-16	4 2-7	4 0-15	
Shelter/Halfway House	3 0-10	1 0-8	1 0-3	2 0-17	
Continuing Care	0 0-1	1 0-2	-	2 0-8	
Ancillary Services	2 0-6	1 0-5	3 0-8	3 1-5	
In-home Support	1 0-2	1 0-6	4 0-11	0 0-2	
Attitude/Behaviors	12 10-15	14 6-21	14 5-28	21 3-38	
Motivation	2 0-4	2 0-4	1 0-2	1 0-3	
Peer Relationships	4 1-6	4 0-12	4 0-8	7 0-17	
Parent/Guardian Issues	5 3-7	9 6-14	17 13-25	12 6-26	
Other Relationships	4 1-8	3 0-11	2 0-4	4 0-17	
Domestic Violence	1 1-2	1 0-5	1 0-3	1 0-5	
Extracurricular	3 3-4	3 1-5	5 2-11	8 2-19	

Analysis of Observational Data for the Augusta Juvenile Drug Court

Items	% / %Range	% Time Pre-Court	% Time Pre-Court Others	% Time Court	% Time Court Others
Education		3	4	8	11
		2-3	1-10	6-14	0-31
Employment		3	4	7	10
		2-4	0-6	3-11	1-22
Financial		1	1	-	1
		0-1	0-3		0-5
Living Situation		5	5	5	9
		4-6	1-12	1-8	3-23
Drug Use		9	8	10	15
		9-9	5-16	8-11	3-31
Legal Issues		1	3	4	4
		1-2	0-9	0-8	0-15
Rewards		9	3	18	11
		4-13	0-9	16-19	0-46
Sanctions		11	9	11	13
		8-17	3-25	0-23	1-37
Scheduling		2	4	6	3
		0-4	0-24	2-9	0-15
DHHS		3	1	-	1
		1-6	0-6		0-4
AA/NA		0	0	-	1
		0-1	0-1		0-3
Medical		1	1	-	2
		0-1	0-2		0-8
Mental Health		1	1	-	-
		1-1	0-7		
Screening/Assessment		1	1	1	0
		1-1	0-3	0-2	0-1
Individual		5	4	7	6
		2-7	1-8	4-9	0-21
Group		2	1	6	2
		1-3	0-4	1-14	0-8
Family		2	1	1	1
		1-3	0-2	0-2	0-4
IOP		3	1	1	4
		0-5	0-3	0-4	0-14
Residential		2	5	1	5
		1-2	0-16	0-3	0-15
Shelter/Halfway House		-	2	-	2
			0-10		0-17
Continuing Care		0	1	1	2
		0-1	0-2	0-1	0-8
Ancillary Services		3	1	2	3
		3-4	0-6	1-2	0-8
In-home Support		2	1	-	1
		0-6	0-2		0-11
Attitude/Behaviors		13	14	17	20
		10-15	6-21	3-27	5-38
Motivation		1	2	1	1
		0-2	0-4	0-2	0-3
Peer Relationships		1	5	1	7
		0-3	1-12	0-1	0-17
Parent/Guardian Issues		13	8	8	13
		10-14	3-14	7-9	6-26
Other Relationships		2	4	1	4
		1-3	0-11	0-2	0-17
Domestic Violence		1	1	-	1
		0-2	0-5		0-5
Extracurricular		2	3	3	8
		2-2	1-5	2-4	2-19

Analysis of Observational Data for the Portland Juvenile Drug Court

<i>Items</i>	<i>% / %Range</i>	<i>% Time Pre-Court</i>	<i>% Time Pre- Court Others</i>	<i>% Time Court</i>	<i>% Time Court Others</i>
Education		7 2-10	3 1-6	7 5-9	12 0-31
Employment		4 3-6	3 0-6	9 6-11	10 1-22
Financial		0 0-1	1 0-3	0 0-1	1 0-5
Living Situation		3 3-3	5 1-12	5 3-7	9 1-23
Drug Use		9 7-11	8 5-16	10 8-12	15 3-31
Legal Issues		2 0-6	3 0-9	1 0-4	4 0-15
Rewards		2 0-5	5 0-13	8 6-13	13 0-46
Sanctions		8 7-8	10 3-25	13 7-13	13 0-37
Scheduling		10 2-24	2 0-18	3 0-7	4 0-15
DHHS		1 0-1	2 0-6	1 0-1	1 0-4
AA/NA		0 0-1	0 0-1	1 0-2	1 0-3
Medical		1 0-1	1 0-2	1 1-2	2 0-8
Mental Health		1 0-2	1 0-7	-	-
Screening/Assessment		1 1-2	1 0-3	1 0-1	0 0-2
Individual		3 3-4	5 1-8	1 0-3	7 1-21
Group		1 0-1	1 0-4	-	3 0-14
Family		1 0-2	1 0-3	1 0-4	1 0-2
IOP		-	2 0-5	1 0-2	4 0-14
Residential		6 3-10	4 0-16	3 1-5	5 0-15
Shelter/Halfway House		4 1-8	1 0-10	9 0-17	0 0-3
Continuing Care		2 1-2	1 0-1	1 0-1	2 0-8
Ancillary Services		2 0-5	2 0-6	3 1-5	2 0-8
In-home Support		-	1 0-6	-	1 0-11
Attitude/Behaviors		11 6-15	15 6-21	23 16-27	19 3-38
Motivation		2 1-3	2 0-4	2 1-3	1 0-2
Peer Relationships		4 2-7	4 0-12	3 2-5	7 0-17
Parent/Guardian Issues		7 6-9	9 3-14	7 6-8	14 7-26
Other Relationships		3 0-6	4 0-11	5 4-7	3 0-17
Domestic Violence		1 0-2	1 0-5	-	1 0-5
Extracurricular		4 2-5	3 1-5	7 3-11	8 2-19